



TENNESSEE HOUSING DEVELOPMENT AGENCY

**Low-Income Housing Tax Credit
2020 Phase II Final Application for Competitive LIHC only
that utilized HCMS (2015,2016, and 2017 Allocation Years)**

**FOR DEVELOPMENTS REQUESTING
IRS FORMS 8609 IN 2020**

**TENNESSEE HOUSING DEVELOPMENT AGENCY
LIHTC VERIFICATION FORM BY BUILDING**

Ownership Entity Name: _____

Ownership Entity Address: _____ City: _____

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

	Building # _____	Building # _____	Building # _____	Building # _____	GRAND TOTAL ALL BLDGS.
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1. ADDRESS INFORMATION

A. Street Address	_____	_____	_____	_____	XXXXXX
B. City	_____	_____	_____	_____	XXXXXX
C. Zip	_____	_____	_____	_____	XXXXXX

2. TOTAL DEVELOPMENT COSTS

_____	_____	_____	_____	_____	_____
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3. BASIS INFORMATION

A. Eligible Basis- ACQ	_____	_____	_____	_____	_____
B. Eligible Basis- Construction & Rehab.	_____	_____	_____	_____	_____
C. Applicable Fraction %	_____	_____	_____	_____	XXXXXX
D. Qualified Basis = (3.A + 3.B) x 3.C	_____	_____	_____	_____	_____

4. TAX CREDIT PERCENTAGE

Choose One for Placed In Service
Is the Rehab Date related to Final CO, Temp CO or Other? If other please attach an explanation.

A. Acquisition	_____	_____	_____	_____	XXXXXX
B. Rehabilitation	_____	_____	_____	_____	XXXXXX
C. Carryover Agreement	_____	_____	_____	_____	XXXXXX
D. LIHTC Qualified Building Basis Multiplied by LIHTC %	_____	_____	_____	_____	XXXXXX

5. HIGH COST AREA

QCT / DDA / (3.D x 130%) =	_____	_____	_____	_____	XXXXXX
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6. DATE BUILDING PLACED IN SERVICE

A. New Const/Rehab Date	_____	_____	_____	_____	XXXXXX
B. Acquisition Date	_____	_____	_____	_____	XXXXXX
C. First taxable year for bldg.	_____	_____	_____	_____	XXXXXX

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

Signature of Applicant/Owner

Date

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

Address Information

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

Total Development Costs

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

Basis Information

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

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

Tax Credit Percentage

When a development receives a Carryover Allocation, the applicant must choose the Tax Credit Percentages for either (1) month the building is placed in service for rehabilitation and new construction or the month the building was placed in service for acquisition. (2) Fixed 9%. Consult your Carryover Allocation Agreement to determine your election. For developments that are placed in service prior to the end of the year in which application was made, use the percentages for the month the building was placed in service. (Also applicable to non-competitive 4% LIHTC)

High Cost Area

If the development is located in a Qualified Census Tract or a Difficult Development Area as defined by HUD enter the correct dollar amount in Section 5, High Cost Area.

Placed In Service Date

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

FORMAT OF ACCOUNTANT'S LETTER
And must include Certificate of Actual Cost and Schedule of Actual Cost.

INDEPENDENT AUDITOR'S REPORT
(Submit on Accountant's letterhead)

TO: Attention: Multifamily Development
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

RE: Owner's Name: _____
Development Name: _____ **TN** ____ - ____
Development Address: _____

We have audited the costs included in the accompanying Tennessee Housing Development Agency (THDA) Final Cost Certification Schedule of Actual Costs and Eligible Basis (the "Final Cost Certification") of _____ (the "Owner") for _____ (the "Project") as of _____ (Date).

Management's Responsibility for the Final Cost Certification

Management is responsible for the preparation and fair presentation of the Final Cost Certification in accordance with accounting practices prescribed by the Internal Revenue Service, under the accrual method of accounting, and in accordance with the format and qualified allocation plan rules set by THDA, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the Final Cost Certification that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Final Cost Certification based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Final Cost Certification is free of material misstatement.

An audit includes performing procedures to obtain audit evidence supporting the amounts and disclosures in the Final Cost Certification. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Final Cost Certification, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the Final Cost Certification in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the Final Cost Certification.

In preparing the accompanying Final Cost Certification, we discussed with the Owner all relevant Internal Revenue Service guidance including, but not limited to, relevant Technical Advice Memoranda and Private Letter Rulings. The accompanying Final Cost Certification has been prepared with knowledge of all relevant Internal Revenue Service guidance including, but not limited to, relevant Technical Advice Memoranda and Private Letter Rulings.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion

(Auditor, insert opinion here.)

Restriction on Use

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

Other

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

Certified Public Accountant(s)

Date

CERTIFICATE OF ACTUAL COST

Name of Development: _____

Address of Development: _____

Owner of Development: _____

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

Contractor: _____

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

In preparing the Schedule of Actual Costs and Eligible Basis I (we) and the Certified Public Accountant performing the audit have discussed all relevant Internal Revenue Service guidance including, but not limited to, relevant Technical Advice Memoranda and Private Letter Rulings. The accompanying Final Cost Certification has been prepared with knowledge of all relevant Internal Revenue Service guidance including, but not limited to, relevant Technical Advice Memoranda and Private Letter Rulings.

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

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

BY: _____ DATE: _____

SCHEDULE OF ACTUAL COSTS AND ELIGIBLE BASIS

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

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

	<u>A</u> <u>ACTUAL COST</u>	<u>B</u> <u>ACQUISITION</u>	<u>C</u> <u>REHAB/ NEW CONST.</u>
1. <u>To Purchase Land and Buildings</u>			
Land		XXXXXX	XXXXXX
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	_____	_____	_____
Tap Fees	_____	_____	_____
Contractor Overhead	_____	_____	_____
Contractor Profit	_____	_____	_____
Impact Fees (include documentation from local jurisdiction)	_____	_____	_____
Subtotal	_____	_____	_____
4. <u>Professional Fees</u>			
Architect Fee-Design	_____	_____	_____
Architect Fee-Supervision	_____	_____	_____
Real Estate Attorney	_____	_____	_____
Survey	_____	_____	_____
Soil Borings	_____	_____	_____
Engineering Fees	_____	_____	_____
Cost Certification Fees	_____	_____	_____
Subtotal	_____	_____	_____

Certified Public Accountant Signature _____

_____ Date

Owner Signature _____

_____ Date

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

Certified Public Accountant Signature _____

_____ Date

Owner Signature _____

_____ Date

Format of Syndication Agreement Letter
(Submit on investor's letterhead)

Date: _____

Attention: Multifamily Development
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville TN 37243

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

_____ (name of investor) has or will purchase a XX% interest in the captioned development. It is anticipated that the \$XX.00 in federal low income housing tax credits allocated to this development would generate gross proceeds in the approximate amount of \$XX.00. The sale of these credits was or is anticipated to occur on _____ [date] by a (check one):

_____ Public syndication
_____ Private offering

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

	Gross Proceeds	\$ _____
Investor Expenses		
Investor fees (acquisition, advisory, etc.)	\$ _____	
Organizational and offering expenses	\$ _____	
Acquisition expenses	\$ _____	
Reserves or working capital	\$ _____	
Other (explain)	\$ _____	
Total Investor Expenses	\$ _____	
Partnership Expenses	\$ _____	
Legal expenses	\$ _____	
Accounting expenses	\$ _____	
Other (explain)	\$ _____	
Total Partnership Expenses	\$ _____	
	Less	
	Total Expenses	\$ _____
	Net Proceeds	\$ _____
	Total Expenses / Net Proceeds	_____ %

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

Sincerely,

Authorized Signatory

FINAL APPLICATION INSTRUCTIONS

Development Name: _____

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE SUBMITTING A FINAL APPLICATION:

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

NOTE: The 2020 Placed In Service Application may be submitted at any time during the 2020 calendar year but must be submitted by December 1, 2020. All 2015, 2016 and 2017 Competitive applicants must submit a portion of the application in the Housing Credit Management System (HCMS) that is now open. The Phase II Final Application (this document) documents must be uploaded in the HCMS system.

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

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

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

WIRING INSTRUCTIONS for Compliance Monitoring Fee:

When submitting the Final Application be sure to include the applicable 8609 (Compliance Monitoring) fee which must be wired to THDA. Applicants that fail to send fees will be considered **incomplete**. Applicants may send one wire to cover multiple final applications, however please identify the applicable TN ID Number(s) in the OBI field on the wire.

THDA LIHTC/MULTI-FAMILY BOND PROGRAM WIRE INSTRUCTIONS

Bank: US Bank

ABA: 064000059

BNF: THDA Clearing Account

BNF A/C: 151203673398

BNF ADDRESS: 502 Deaderick Street, Andrew Jackson Bldg. 3rd Floor
Nashville, TN 37243

OBI: Tax Credit/Bond Application Fees + TN ID Number(s) Applicants may send one wire to cover multiple applications as applicants should enter the applicable TN ID Number(s) in the OBI field on the wire.

Any deviations from this system will cause delays in processing your application.

THDA may issue the Land Use Restrictive Covenant document prior to receiving your Final Application. The Land Use Restrictive Covenant must be executed and recorded in the county where the development is located no later than December 31, 2020 in order to claim tax credits for the 2020calendar year. Contact the Multifamily Programs Division for further instructions if you are planning to defer tax credits in the first year.

THDA WILL RETURN INCOMPLETE APPLICATIONS TO THE APPLICANT.

Compliance Information

(Mandatory – must be completed)

In order to ensure a seamless transition to compliance monitoring all applicants must identify the Owner Contact for Compliance. The Multifamily Compliance Coordinator will contact this individual to schedule the First Year Compliance review and on-line compliance reporting. Please visit [here](#) for the Housing Credit Compliance Portfolio Assignments and other pertinent Housing Credit Compliance Information. **This individual must have a direct link (no Third Party Management Company) to the Ownership Entity of the development.**

Owner Contact Information:

Name: _____

Address: _____

City: _____ State: _____

Phone: () _____ Email: _____

Management Company:

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____ Email: _____

Will this be a Multiple Building Project? Yes or No

Are all amenities included in the eligible Basis? Yes or No, If no please explain

Date Owner's Compliance Training Completed? _____

2020 PHASE II FINAL APPLICATION CHECKLIST

Development Name: _____

MANDATORY – the following items are required to be submitted:

1. Final Application Checklist (this checklist)
2. Compliance Monitoring Fee (wired funds only). **NOTE: THDA will not review Final Applications that do not include the full Compliance Monitoring Fee. See wiring instruction on prior page.**
3. Statement of Application and Certification (for the Ownership Entity)
4. LIHTC Building Verification Form
5. Final Cost Certification (Accountant's Letter, Certificate of Actual Costs and Schedule of Actual Costs)
6. Syndication Agreement Letter
7. Firm Commitment Letter for Permanent Financing. **If closed, submit NOTE and Recorded Deed**
8. A Final Certificate of Occupancy for each building. (If Certificates of Occupancy are not issued for rehabilitation, submit a letter, on letterhead from the head of planning of the local municipality)
9. Original Final Application (Pages 1 - 4)
10. Attachment 21 and Attachment 30A, 30B or 30C (depending on QAP Program Year) **Mandatory**
11. Attachment 22 **Mandatory, if acquisition credits**
12. Attachments 13-29, as applicable
13. Post Build Enterprise Green Community Certification (**if awarded during 2016, 2017 and 2018 QAP**)
14. Comprehensive Service Plan for Special Housing Needs Set-Aside
15. Agreements with Providers of On-Site Services for Special Housing Needs Set-Aside
16. Organizational Chart for the Ownership Entity and Management Company entity that shows all officers, directors and key management personnel
17. Original executed and recorded Land Use Restrictive Covenant, (if not already submitted)
18. Owner's Compliance Training for Ownership Entity
19. **All Phase II documents will be uploaded into the document uploader tab of HCMS as indicated below:**
 - PISP Document Type: This dropdown will include documents considered as the “**Final Application**” which contains this Checklist, Statement of Application and Certification and the Final Application (pages 1 - 4) and any back-up documentation required.
 - PISA Document Type: This dropdown will include documents considered as the “**Final Application Attachments**” which contains the applicable Attachments 13-30 and any back-up documentation required.
 - PISA Document Type: This dropdown will include documents considered as the “**Miscellaneous Documentation**” which contains other documents and certifications (i.e., CPA Cost Certification, Building Verification Form, Syndication Letter, Certificate of Occupancy, LURC, and Permanent Financing Commitment).

Check only the boxes of the Attachments below you are submitting because there has been a change since Initial or Carryover Application. Not including a particular Attachment will be treated as a certification made under penalty of law that no change has occurred with respect to the information required by that Attachment:

- Attachment 13 Confirmation of Community Revitalization Plan
- Attachment 16A: Type of Ownership Entity – Partnership
- Attachment 16B: Type of Ownership Entity – Corporation
- Attachment 16C: Type of Ownership Entity – Limited Liability Company
- Attachment 17A: Type of Developer Entity – Partnership
- Attachment 17B: Type of Developer Entity – Corporation
- Attachment 17C: Type of Developer Entity – Limited Liability Company
- Attachment 20A: Verification Ownership Entity Compliance for Existing LIHTC Projects
- Attachment 23: Disclosure Form
- Attachment 24: Opinion Letter Regarding Exemption under Part VII-A-6-d
- Attachment 25A: Certification Regarding 100-Year Flood Plain
- Attachment 25B: Certification Regarding 100-Year Flood Plain
- Attachment 26A: Certificate Regarding Qualification for PHA Set-Aside where PHA is formed is Sole General Partner or Sole Managing Member
- Attachment 26B: Certificate Regarding Qualification for PHA Set-Aside where PHA is formed as Corporation
- Attachment 27A: Letter from Executive Director of PHA (if requesting tax credits under PHA Set-Aside with, Choice Neighborhoods Initiative CNI Implementation Grant)
- Attachment 27B: Letter from Executive Director of PHA (if requesting tax credits under PHA Set-Aside with Rental Assistance Demonstration RAD Program)
- Attachment 28A: Certificate Regarding Qualification for Non-Profit Set-Aside for when Non-Profit Entity is Sole General Partner or Sale Managing Member
- Attachment 28B: Certificate Regarding Qualification for Non-Profit Set-Aside for when Non-Profit Entity is formed as a Corporation
- Attachment 29: Evidence of Non-Profit Housing Experience

Final Application Tips for Housing Credit Management System 2019

Applicants that received **competitive** allocations in **2015, 2016, and 2017** must complete the process in HCMS system (the Phase II Application in conjunction with HCMS). That document will be published on the THDA website. To access HCMS simply follow these instructions:

Login Information:

1. The login portal to access the Housing Credit Management System (HCMS) is <https://hcs.thda.org/AuthorityOnline/Default.aspx>
2. Use the same user name and password credentials that were used at initial
3. Contact THDA if you need to update password
 - a. Mark Cantu, mcantu@thda.org
 - b. Felita Hamilton, fhamilton@thda.org

Phase II Application:

2019 Phase II Application for HCMS Allocations

Application Tips:

1. The status must be in **Developer Review** in order for applicants to edit. If application is not in this status then contact the above contacts.
2. Make sure that the “Snapshot” is in Final Application
 - a. In order to view Carryover or Initial applications simply select that snap shot view
 - b. Can open the application in multiple browser windows
3. There are certain screens that will not allowed to be edited.
 - a. Those screens are the Set Asides, Tax Credit Addendum, and Scoring
4. All other screens are allowed to be updated as necessary
5. Special Tips on Certain Screens
 - a. Buildings
 - i. **Ensure that Building addresses and all other information is correct as this information will be utilized in future Tenant Data Transmissions during Compliance.**
 - b. Units
 - i. Need to declare if each Unit in the Development will be one of the four Special Housing Needs preferences, i.e., Person with Disabilities, Elderly, Homeless, and Other
 - ii. If the units does not fall into Person with Disabilities, Elderly, or Homeless then it is considered as an “other” type of Unit
 - iii. All Units must be properly identified for Tax Credit Compliance purposes
6. Document Uploading
 - a. Upload in the PISA (Placed in Service Attachments) dropdown
 - b. In the event that a revised document needs to be uploaded into the Documents uploader screen then indicate the revised document by adding a specific identifier. For example if an Explanation of Identity of Interest is being revised at Final then indicate it as Explanation of Identity of Interest_v2. Also the Phase II Final Application Attachments must be uploaded
7. After all changes have been made, **applicants must Validate for Submission and submit the application.** A submission receipt will be generated
 - a. All **red errors** must be cleared in order to properly submit the Final Application
 - b. The black informational error messages are for information purposes of what items that may be required at a later time
8. Final Application submission is not complete until the 8609 Monitoring Fee is received by THDA
9. Ensure that a representative from the Ownership Entity has completed the Owner’s Training before submission of Final Application
 - a. Contact Chuck O’Donnell at codonnell@thda.org to schedule that training
10. Ensure that the THDA Final Construction inspection has been completed
 - a. Contact Terry Malone tmalone@thda.org or Chris Marlin cmarlin@thda.org for more information

TENNESSEE HOUSING DEVELOPMENT AGENCY
Low-Income Housing Tax Credit Application

FINAL APPLICATION

Date of Application: _____

1. DEVELOPMENT NAME AND LOCATION:

Development Name: _____

Development Address: _____

City: _____ Zip Code: _____

County: _____ Map(s) and Parcel(s): _____

Name of nearest Cross Street: _____

Previous Award of Low-Income Housing Tax Credits: Yes No

Project Number _____

Number of Buildings _____

Year of Last Award _____

Extended Use Period Ends _____

Set-Aside from which Tax Credits were allocated:

- Non-Profit Set-Aside
- Public Housing Authority Set Aside
- Rental Assistance Demonstration Set-Aside
- Preservation Set-Aside
- QCT with CRP Set-Aside
- Rural Set-Aside
- Innovation Set-Aside
- General Pool

2. Development Type (check one):

- New Construction
- Preservation or Rehabilitation
- Acquisition with Preservation or Rehabilitation
- Adaptive Reuse
- Scattered Site

3. APPLICANT/OWNERSHIP ENTITY: (this is the entity to which tax credits may be awarded)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail: _____

- The Ownership Entity above and the form of Attachment 16A, 16B or 16C relevant to this Ownership Entity **do not reflect any change from the information** submitted on Attachment 16A, 16B or 16C at Initial or Carryover Applications **-OR-**
- The Ownership Entity above and the form of Attachment 16A, 16B or 16C relevant to this Ownership Entity **do reflect changes from the information** submitted on Attachment 16A, 16B or 16C at Initial or Carryover Applications.
- The Ownership Entity is validly formed and currently in existence in the State of Tennessee. (*Attach a Certificate of Existence for the Ownership Entity dated not more than 30 days prior to the date of this Final Application*). **Insert Certificate of Existence behind this page.**
- The Ownership Entity is validly formed and currently in existence in the State of _____ and the Ownership Entity is qualified to do business in Tennessee on _____ date. (*Attach a Certificate of Existence for the Ownership Entity being formed and currently in existence in the State of Tennessee and dated not more than 30 days prior to the date of this Application OR attach a Certificate of Authorization to do business in Tennessee and a certificate of existence for Ownership Entity from the state in which it is formed and currently in existence, both dated not more than 30 days prior to the date of this Application*). **Insert documentation behind this page.**

Type of Ownership Entity (Check only one):

Tax ID Number:

- Limited Partnership (**Attachment 16A**) _____
- Limited Liability Limited Partnership (**Attachment 16A**) _____
- General Partnership (**Attachment 16A**) _____
- Limited Liability Partnership (**Attachment 16A**) _____
- Limited Liability Company (**Attachment 16C**) _____
- Corporation (**Attachment 16B**) _____
- Individual (*use social security number*) _____

Contact Person for Ownership Entity:

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: () _____ Fax: () _____
 E-Mail Address: _____

IDENTITY OF INTEREST for Ownership: (Insert an explanation of all questions answered “yes” behind this page)

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Developer or any individual listed in the Developer Entity?

Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Construction Contractor? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Architect? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Tax Credit Accountant? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Syndicator/Equity Provider? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Management Company? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with any other applicable third party organization providing services in this application? Yes No

4. DEVELOPER ENTITY:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

The Developer Entity above and the form of Attachment 17A, 17B or 17C relevant to this Developer Entity **do not reflect any change from the information** submitted on Attachment 17A, 17B or 17C at Initial or Carryover Applications **-OR-**

If you are adding Developers to this application, then please contact fhamilton@thda.org for more guidance.

Type of Developer Entity (Check only one):

Tax ID Number:

- Limited Partnership (**Attachment 17A**) _____
- Limited Liability Limited Partnership (**Attachment 17A**) _____
- General Partnership (**Attachment 17A**) _____
- Limited Liability Partnership (**Attachment 17A**) _____
- Limited Liability Company (**Attachment 17C**) _____
- Corporation (**Attachment 17B**) _____
- Individual (*Use social security number*) _____

IDENTITY OF INTEREST for Developer: (Insert an explanation of all questions answered “yes” behind this page)

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Developer or any individual listed in the Developer Entity? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Construction Contractor? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Architect? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Tax Credit Accountant? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Syndicator/Equity Provider? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Management Company? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with any other applicable third party organization providing services in this application? Yes No

5. ELIGIBILITY:

- A. NON-PROFIT SET-ASIDE:** Complete and submit an original **Attachment 28** Form of Opinion Letter Regarding Qualification for Non-Profit Set-Aside (use **Attachment 28A or 28B** depending on ownership structure at placed in service).

- B. ELIGIBLE DEVELOPMENT:** Complete and submit an original **Attachment 21** Certificate Regarding Eligibility for Low-Income Housing Tax Credits. Complete and submit an original **Attachment 22** Certificate for Acquisition Credits. **(Mandatory)**

- C. DEVELOPMENT PARTICIPANTS:** Complete and submit **Attachment 23** for each individual on **Attachment 16A, 16B or 16C** it is an individual for whom an **Attachment 23** was not submitted with the Initial Application or Carryover Application.

- D. PROPERTY ACQUISITION:** A document from the list below must be attached to demonstrate title to the property vested in the ownership entity. Documents attached must be fully executed, include the legal description of the property on which the Development is located, and be recorded in the county in which the property is located. Check one of the following and insert behind this page (must meet requirements of the QAP):
 - Warranty deed
 - Quitclaim deed
 - Trustee deed
 - Court order
 - Ground Lease (50 years or more)
 - Eminent domain
 - PILOT Agreement, deed and lease

**ATTACHMENT 13: CONFIRMATION OF COMMUNITY REVITALIZATION PLAN
To Be Completed By City Mayor, City Attorney, County Mayor, or County Attorney
(Required if changes occurred since Initial Application and/or Carryover Application)**

For developments which are located in a city without a community revitalization plan, but are covered by the relevant county revitalization plan, the County Mayor or County Attorney may sign this Attachment however the City Mayor or City Attorney must sign this acknowledgement.

I hereby certify that the Development described as follows:

Development Name: _____

Development Address: _____

Development City, State, & Zip: _____

Development Owner: _____

is covered by or contributes to a Community Revitalization Plan approved for the referenced jurisdiction. The Development referenced herein is located in the following type of jurisdiction (check only one):

- City (the person executing this form **must** be the City Mayor or City Attorney)
- County (the person executing this form **must** be the County Mayor or County Attorney)

Name of Local Government: _____

By: _____

Signature

_____ Date

Typed or Printed Name and Title

By: _____

Signature of City Mayor or City Attorney Acknowledgement to the
County Mayor or County Attorney

_____ Date

Typed or Printed Name and Title

If there are questions regarding this form contact THDA.

**ATTACHMENT 16A: TYPE OF OWNERSHIP ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

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

NOTE: Submit pages of Attachment 16 for which information has been provided. Do not submit blank pages.

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)

limited liability company (complete 2.C. below)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity:

individual partnership (complete 2.A. below)

corporation (complete 2.B. below)

limited liability company (complete 2.C. below)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity:

individual partnership (complete 2.A. below)

corporation (complete 2.B. below)

limited liability company (complete 2.C. below)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____ %

Type of entity:

individual partnership (*complete 3.A.(i) below*)

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

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____ %

Type of entity:

individual partnership (*complete 3.A.(i) below*)

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

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____ %

Type of entity:

individual partnership (*complete 3.A.(i) below*)

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

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

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

2. B. If any general partner identified in 1.C. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each such corporation identified as a general partner in 1.C. (complete 3.B.(i) if any officer, director and/or stockholder is a partnership; complete 3.B.(ii) if any office, director and/or stockholder listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2018 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	DIRECTORS	STOCKHOLDERS
Name: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____
_____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	_____
Address: _____	_____	Name: _____
Telephone No.: _____	Telephone No.: _____	Type of Entity: _____
_____	_____	State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	_____
Address: _____	_____	Telephone No.: _____
Telephone No.: _____	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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following:** (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2018 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/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
Name: _____	Address: _____ _____	Address: _____ _____
Address: _____ _____	Telephone No.: _____	Telephone No.: _____
Telephone No.: _____	Name: _____	Name: _____
Name: _____	Type of Entity: _____	Type of Entity: _____
Address: _____ _____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____ _____	Address: _____ _____
Name: _____	Telephone No.: _____	Telephone No.: _____
Address: _____ _____	Name: _____	Name: _____
Telephone No.: _____	Type of Entity: _____	Type of Entity: _____
	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 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2018 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 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2018 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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2018 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/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
Name: _____	Address: _____ _____	Address: _____ _____
Address: _____ _____	Telephone No.: _____	Telephone No.: _____
Telephone No.: _____	Name: _____	Name: _____
Name: _____	Type of Entity: _____	Type of Entity: _____
Address: _____ _____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____ _____	Address: _____ _____
Name: _____	Telephone No.: _____	Telephone No.: _____
Address: _____ _____	Name: _____	Name: _____
Telephone No.: _____	Type of Entity: _____	Type of Entity: _____
	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 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2018 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 2018 QAP **AND** for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2018 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
Telephone No.: _____	Telephone No.: _____	State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	_____
Address: _____	Telephone No.: _____	Telephone No.: _____
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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2018 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/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
Name: _____	Address: _____ _____	Address: _____ _____
Address: _____ _____	Telephone No.: _____	Telephone No.: _____
Telephone No.: _____	Name: _____	Name: _____
Name: _____	Type of Entity: _____	Type of Entity: _____
Address: _____ _____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____ _____	Address: _____ _____
Name: _____	Telephone No.: _____	Telephone No.: _____
Address: _____ _____	Name: _____	Name: _____
Telephone No.: _____	Type of Entity: _____	Type of Entity: _____
	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 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2018 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 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2018 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: _____ _____ _____

- 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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2018 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/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
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.: _____
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 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

ATTACHMENT 16B: TYPE OF OWNERSHIP ENTITY—CORPORATION
(Required if changes occurred since Initial Application and/or Carryover Application)

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Ownership Entity (complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation; and/or complete 2.C. below if any officer, director and/or stockholder is a limited liability company). (attach additional pages if needed to provide complete information)

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

2. B. If any officer, director and/or stockholder identified in 1. above is a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 1. (*complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation; 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/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

2. C. If any officer, director and/or stockholder identified in 1. above is a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information)

GOVERNORS/DIRECTORS

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

MEMBERS
(indicate the Managing Member(s), if any)

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

MANAGERS/OFFICERS
(indicate the Chief Manager(s), if any)

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 any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. (*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 2018 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for each of the following: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. (attach additional pages if needed to provide complete information).

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

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

GOVERNORS/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ 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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.
- Indicate if the LLC listed above is: member managed manager managed board managed

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

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. (*attach additional pages if needed to provide complete information*).

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. (*attach additional pages if needed to provide complete information*).

GOVERNORS/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager, if any)</i>
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ 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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 2.C. (*attach additional pages if needed to provide complete information*).

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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/> Type of Entity: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified as a limited liability company in 2.C. (*attach additional pages if needed to provide complete information*).

GOVERNORS/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ 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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

ATTACHMENT 16C: TYPE OF OWNERSHIP ENTITY—LIMITED LIABILITY COMPANY
(Required if changes occurred since Initial Application and/or Carryover Application)

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of the Ownership Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation; and/or complete 2.C. if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information)

GOVERNORS/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	Address: _____
Telephone No.: _____		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	Address: _____
Telephone No.: _____		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

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

(i.) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

(ii.) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

(iii).Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

2. B. If any member and/or manager identified in 1. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 1. (complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation; and/or complete 3.B.(iii) if any officer, director and/or stockholder identified below is a limited liability company). (attach additional pages if needed to provide complete information)

OFFICERS

Name:

Title:

Type of Entity:

Address:

Telephone No.:

DIRECTORS

Name:

Type of Entity:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

2. C. If any member and/or manager identified in 1. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified below as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information)

GOVERNORS/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ 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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.
- Indicate if the LLC listed above is: member managed manager managed board managed

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

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual; partnership; corporation; limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any general partner identified as a corporation in 2.A. (*attach additional pages if needed to provide complete information*).

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any general partner identified as a limited liability company in 2.A. (*attach additional pages if needed to provide complete information*).

GOVERNORS/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	Address: _____
Telephone No.: _____		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	Address: _____
Telephone No.: _____		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.
- Indicate if the LLC listed above is: member managed manager managed board managed

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

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any officer, director and/or stockholder identified as a corporation in 2.B. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

DIRECTORS

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. (*attach additional pages if needed to provide complete information*).

GOVERNORS/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Type of Entity: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ 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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. (*attach additional pages if needed to provide complete information*).

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. (*attach additional pages if needed to provide complete information*).

GOVERNORS/DIRECTORS	MEMBERS <i>(indicate the Managing Member(s), if any)</i>	MANAGERS/OFFICERS <i>(indicate the Chief Manager(s), if any)</i>
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	Address: _____
Telephone No.: _____		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	Address: _____
Telephone No.: _____		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Type of Entity: _____	Type of Entity: _____
Type of Entity: _____	Address: _____	State of Formation: _____
Address: _____	Telephone No.: _____	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 2018 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.
- Indicate if the LLC listed above is: member managed manager managed board managed

**ATTACHMENT 17A: TYPE OF DEVELOPER ENTITY
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR REGISTERED LIMITED LIABILITY PARTNERSHIP**

**NOTE: Submit only pages of Attachment 17 for which information has been provided. Do not submit blank pages.
(Required if changes occurred since Initial Application and/or Carryover Application)**

NAME OF DEVELOPER ENTITY: _____

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

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

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

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

2. B. If any general partner identified in 1.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each such corporation identified as a general partner in 1.C. (complete 3.B.(i) if any officer, director and/or stockholder is a partnership; complete 3.B.(ii) if any office, director and/or stockholder listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2017 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	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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following:** (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
Name: _____	Address: _____ _____	Address: _____ _____
Address: _____ _____	Telephone No.: _____	Telephone No.: _____
Telephone No.: _____	Name: _____	Name: _____
Name: _____	Type of Entity: _____	Type of Entity: _____
Address: _____ _____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____ _____	Address: _____ _____
Name: _____	Telephone No.: _____	Telephone No.: _____
Address: _____ _____	Name: _____	Name: _____
Telephone No.: _____	Type of Entity: _____	Type of Entity: _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____

Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	
Address: _____	_____	Name: _____
Telephone No.: _____	Telephone No.: _____	Type of Entity: _____
		State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	_____
Address: _____	_____	Telephone No.: _____
Telephone No.: _____	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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
Name: _____	Address: _____ _____	Address: _____ _____
Address: _____ _____	Telephone No.: _____	Telephone No.: _____
Telephone No.: _____	Name: _____	Name: _____
Name: _____	Type of Entity: _____	Type of Entity: _____
Address: _____ _____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____ _____	Address: _____ _____
Name: _____	Telephone No.: _____	Telephone No.: _____
Address: _____ _____	Name: _____	Name: _____
Telephone No.: _____	Type of Entity: _____	Type of Entity: _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

**ATTACHMENT 17B: TYPE OF DEVELOPER ENTITY
CORPORATION**

**NOTE: Submit only pages of Attachment 17 for which information has been provided. Do not submit blank pages.
(Required if changes occurred since Initial Application and/or Carryover Application)**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Developer Entity (*complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2017 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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

2. B. If any officer, director and/or stockholder identified in 1. above is a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 1. (*complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____

Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	
Address: _____	_____	Name: _____
Telephone No.: _____	Telephone No.: _____	Type of Entity: _____
		State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	_____
Address: _____	_____	Telephone No.: _____
Telephone No.: _____	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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

2. C. If any officer, director and/or stockholder identified in 1. above is a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
_____	Telephone No.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	Name: _____
_____	Telephone No.: _____	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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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.: _____
	Name: _____	Name: _____
	Type of Entity: _____	Type of Entity: _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____

Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	
Address: _____	_____	Name: _____
Telephone No.: _____	Telephone No.: _____	Type of Entity: _____
		State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	_____
Address: _____	_____	Telephone No.: _____
Telephone No.: _____	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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

**ATTACHMENT 17C: TYPE OF DEVELOPER ENTITY
LIMITED LIABILITY COMPANY**

**NOTE: Submit only pages of Attachment 17 for which information has been provided. Do not submit blank pages.
(Required if changes occurred since Initial Application and/or Carryover Application)**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

2. B. If any member and/or manager identified in 1. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 1. (complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
_____	Telephone No.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	Name: _____
_____	Telephone No.: _____	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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

2. C. If any member and/or manager identified in 1. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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: _____ 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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____

Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	
Address: _____	_____	Name: _____
Telephone No.: _____	Telephone No.: _____	Type of Entity: _____
		State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	_____
Address: _____	_____	Telephone No.: _____
Telephone No.: _____	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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

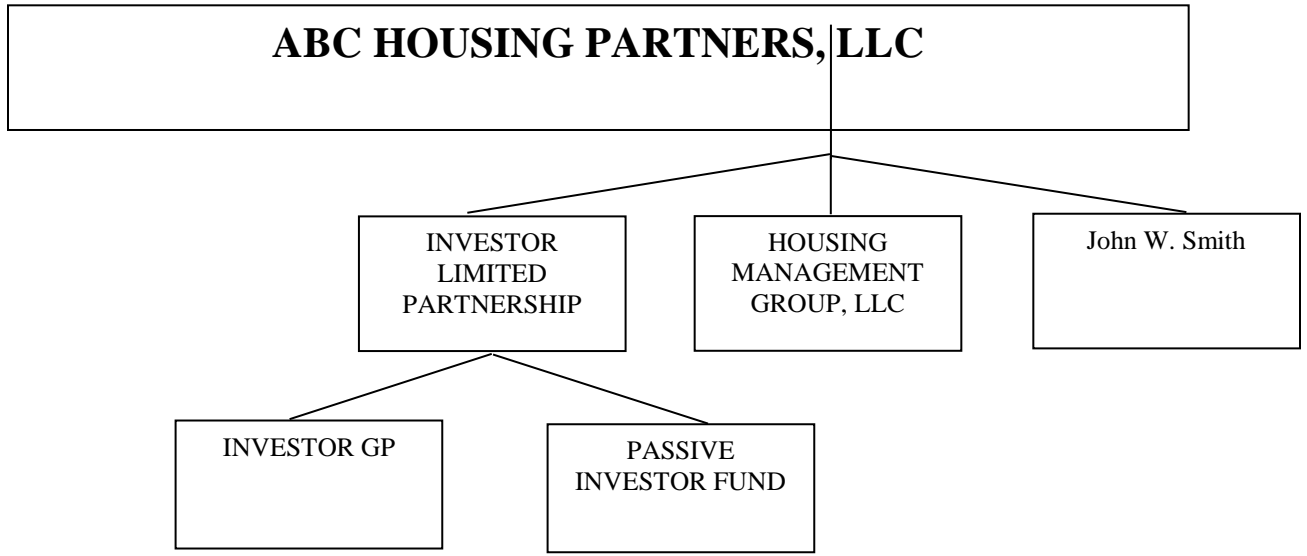
3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited 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 2017 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/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

SAMPLE ORGANIZATIONAL CHART



**ATTACHMENT 20A: VERIFICATION OF OWNERSHIP ENTITY COMPLIANCE
FOR EXISTING LOW-INCOME HOUSING TAX CREDIT PROJECTS**
(Required if changes occurred since Initial Application and/or Carryover Application)

Development Name: _____

Address: _____

Development Owner: _____

List all developments in which the **owner**, the individuals identified on **Attachments 16A, 16B or 16C**, are involved and to which THDA made an allocation of low-income housing tax credits.

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

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

**ATTACHMENT 21: FORM OF OPINION LETTER REGARDING
ELIGIBILITY FOR LOW-INCOME HOUSING TAX CREDITS (MANDATORY)
Submit on Tax Counsel's Letterhead**

Date: _____

Attn: MultiFamily Development
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Development Owner: _____ (the "Development Owner")

Ladies and Gentlemen:

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

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

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

Based on all of the foregoing, it is our opinion that there are no material differences between the Development and Development Owner, respectively, as described in the Final Application, and the Development and Development Owner, respectively, as described in the Initial Application, that have not been disclosed to THDA. Further, based on all of the foregoing, it is our opinion that the Development, as described in the Final Application, is eligible for Tax Credits under Section 42 of the Code and under the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the continuing eligibility of the Development and Development Owner to receive a final allocation of Tax Credits under Section 42 of the Code and under the QAP and for no other purpose.

(Name and Signature of Attorney or Firm rendering opinion)

[Form of Certificate to accompany Attachment 21 Form Opinion Letter]

**CERTIFICATE CONCERNING ELIGIBILITY
FOR LOW-INCOME HOUSING TAX CREDITS (MANDATORY)**

Dated: _____

The undersigned, _____, hereby certifies that he/she is _____ of _____ (“Development Owner”/“Developer”/“Applicant”), and, as such _____, he/she is duly authorized to provide the following certifications and representations to _____ in connection with opinions required as part of the Final Application submitted to the Tennessee Housing Development Agency requesting a final allocation of Low-Income Housing Tax Credits (the “Final Application”) for the Development described in the Final Application:

1. The [Development Owner/Developer/Applicant] has developed, is operating, and will continue to operate a ____-unit multi-family housing development ____% of the units of which are exclusively reserved for tenants, including the disabled and/or elderly, at rents affordable to households earning 60% or less of the area medium gross income, located at _____, _____, Tennessee _____, all as further described in the Final Application (the “Development”).
2. The Development is owned and operated by _____, a _____ which was formed on _____.
3. Each building within the Development currently and will, at all times during the compliance period, as extended in the Initial Application, commencing with the date such building is placed in service, (the “Compliance Period”), meet the following test [*include only the irrevocable election made in the Initial Application*]:
 - at least five percent (5%) of its residential units will be “rent restricted” and will be occupied by individuals whose income is equal to fifty percent (50%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937), or
 - at least ten percent (10%) of its residential units will be “rent restricted” and will be occupied by individuals whose income is equal to fifty percent (50%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937), or
 - at least fifteen percent (15%) of its residential units will be “rent restricted” and will be occupied by individuals whose income is equal to fifty percent (50%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937), or
 - at least twenty percent (20%) of its residential units will be “rent restricted” and will be occupied by individuals whose income is equal to fifty percent (50%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937).

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

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

4. The tenants who currently occupy each unit within the Development meet the income limitations set forth above and the Development Owner has policies, procedures and staff in place to insure that tenants who will occupy each unit in the Development in the future will meet the income limitations set forth above.
5. All units in the Development currently are suitable for occupancy and all units in the Development currently are leased other than on a transient basis. The Development Owner has policies, procedures and staff in place to insure that all units in the Development will remain suitable for occupancy and all units in the Development will be leased other than on a transient basis.

6. No units are owned by an individual who occupies such unit or any person related to such person. The Development Owner has policies, procedures and staff in place to insure that no units will be owned by an individual who occupies such unit or any person related to such person.
7. No units are provided for a member of a social organization or provided by an employer for its employees. The Development Owner has policies, procedures and staff in place to insure that no units will be provided for a member of a social organization or provided by an employer for its employees
8. Each unit within the Development currently contains separate and complete facilities for living, sleeping, eating, cooking and sanitation, including, without limitation, a living area, a sleeping area, bathing and sanitation facilities, a cooking range, refrigerator and sink. Each unit within the Development is separate and distinct from each other unit. The Development Owner has policies, procedures and staff in place to insure that each unit within the Development will continue to contain separate and complete facilities for living, sleeping, eating, cooking and sanitation, including, without limitation, a living area, a sleeping area, bathing and sanitation facilities, a cooking range, refrigerator and sink. The Development Owner has policies, procedures and staff in place to insure that each unit within the Development will continue to be separate and distinct from each other unit.
9. All units (other than those which might be provided for a resident manager or security officer in the Development) within the Development are available to the general public, and are and rented in a manner consistent with housing policies governing non-discrimination as set out by the rules and regulations of the Department of Housing and Urban Development. The Development Owner has policies, procedures and staff in place to insure that all units (other than those which might be provided for a resident manager or security officer in the Development) within the Development will continue to be available to the general public, and will continue to be rented in a manner consistent with housing policies governing non-discrimination as set out by the rules and regulations of the Department of Housing and Urban Development.
10. No units are part of a hospital, nursing home, sanitarium, life-care facility, trailer park, or intermediate care facility for the mentally and physically handicapped. The Development Owner has policies, procedures and staff in place to insure that no units will become part of a hospital, nursing home, sanitarium, life-care facility, trailer park, or intermediate care facility for the mentally and physically handicapped.
11. All facilities within the Development, other than restricted units, are facilities for use by tenants which are reasonably required by and functionally related to the Development. The Development Owner has policies, procedures and staff in place to insure that all facilities within the Development, other than restricted units, will remain facilities for use by tenants which are reasonably required by and functionally related to the Development.
12. All services provided to tenants of the Development are optional and the Development Owner has policies, procedures and staff in place to insure that all services provided to tenants of the Development will remain optional. Other than rent, there are no charges to tenants in the Development for services that are not optional and are not required as a condition of occupancy.

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

Development Owner/Developer/Applicant

**ATTACHMENT 22: FORM OF OPINION LETTER
REGARDING EXISTING BUILDINGS**

Submit on Tax Counsel's Letterhead

Date: _____

Attn: MultiFamily Development
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the Development")

Development Address: _____

Development Owner: _____ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to _____ in connection with the Development. We are providing this opinion in connection with a Final Application of even date herewith (the "Final Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of ____ (**specify year in which allocation was given**) Low-Income Housing Tax Credits ("Tax Credits") for acquisition and/or rehabilitation of existing buildings in the Development pursuant to Section 42(d)(2)(B) and Section 42(e) of the Internal Revenue Code of 1986, as amended (the "Code") and under the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for ____ (**specify year in which allocation was given**) (the "QAP"). We understand that THDA requires and will rely solely on this opinion to determine whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits for rehabilitation and/or acquisition.

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

1. [list and attach a copy of all documents/materials/certificates relied upon]

Based on the foregoing, it is our opinion that:

1. [Select applicable statement: Each building in the Development has been acquired by purchase as defined in Section 179(d)(2) of the Code. A waiver has been obtained under Section 42(d)(6) for each affected building in the Development and a copy of each waiver is attached hereto and incorporated herein.]
2. At least ten (10) years will have elapsed between the date all buildings in the Development [will be/are] acquired by the Development Owner and [select applicable statement: the date each building in the Development was last placed in service (taking into account Section 42(d)(2)(D)(ii) of the Code) of each building in the Development. the date of the most recent non-qualified substantial improvement (taking into account Section 42(d)(2)(D)(i) of the Code) of each building in the Development.]

3. None of the buildings in the Development were previously placed in service by the Development Owner or any related person (as defined in Section 42(d)(2)(D)(iii) of the Code).

It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Final Application, and Development Owner, as proposed in the Final Application, to receive Tax Credits based on the acquisition and/or rehabilitation proposed in the Final Application and for no other purpose.

(Name and Signature of Attorney or Firm rendering opinion)

ATTACHMENT 23: DISCLOSURE FORM

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

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

- 1. I have not been convicted of a felony of any type in Tennessee or any other state within the last ten (10) years; OR
- I have been convicted of a felony in Tennessee or in another state within the last ten (10) years and the details are as follows (specify type of felony, state of conviction, penalties imposed):

- 2. I have not been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR
- I have been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years and the details are as follows (specify federal agency, action taken by the agency and activity that resulted in the fine, suspension or debarment):

- 3. No entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR
- An entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years and the details are as follows (specify entity involved, federal agency, action taken by the agency and activity that resulted in the fine, suspension or debarment):

NOTE: A fully executed **Attachment 23, Disclosure Form** must be included for each individual identified in **Attachment 16A, 16B or 16C** and for each individual identified in **Attachment 17A, 17B or 17C** of the Final Application, unless the exception in Part VII.A.6.d of the QAP applies and an opinion in the form of **Attachment 24** is provided for each corporation to which this exception applies.

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

I have filed for or am in bankruptcy or reorganization as of the date hereof or have had a bankruptcy discharged within the past four (4) years and the details are as follows [specify date of filing, type of filing, court in which filing made, circumstances that lead to the filing]:

5. No entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof; OR

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 23 are statements of substance made for the purpose of influencing THDA to award Low-Income Housing Tax Credits to the Final Application of which this Attachment 23 is a part.

(Signature)

(Date)

(Type or Print name)

STATE OF _____)

COUNTY OF _____)

Before me, _____ a Notary Public of the state and county mentioned, personally appeared _____, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office, this _____ day of _____, 2018.

Notary Public

[SEAL]

My Commission Expires: _____

ATTACHMENT 24: FORM OF LETTER FOR EXCLUSION UNDER PART VII-A-6-d
Submit on Tax Counsel's Letterhead of the Company Seeking the Exemption Under Part VII-A-6-d
(Required if changes have occurred since Initial Application and/or Carryover Application)

DATE: _____

Attn: MultiFamily Development
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Developer Owner: _____ (the "Development Owner")

Ladies and Gentleman:

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

1. The Company is the _____ of the [Development Owner/Developer] identified in the Initial Application.
2. Stock in the Company is publicly traded on the _____ under the trading symbol _____.
3. In my capacity as General Counsel, I oversee the preparation and filing of affidavits, disclosures and other documents (collectively, "Affidavits and Disclosures") executed by or base 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 23 of the Initial Application for the Development.
5. In no case has there been an affirmative answer to any such item by any officer or director of the Company, and in all cases, based on my review of previously filed Affidavits and Disclosures, no officer and director of the Company would have provided an affirmative answer to any question on Attachment 23, if an Attachment 23 had been executed by that officer or director.

Company: _____

Name: _____ General Counsel

Signature: _____

NOTE: An opinion letter in the form of this Attachment 24 must be submitted for each corporation identified on Attachment 16A, 16B or 16C and/or on Attachment 17A, 17B or 17C seeking to meet the requirements of Part VII-A-6-d of the QAP.

ATTACHMENT 25A: CERTIFICATION WITH REGARD TO 100-YEAR FLOOD PLAIN
(Required if changes have occurred since Initial or Carryover Application or 10% Cost Certification Test)

**To be completed by City Mayor, County Mayor, Head of Local Planning Commission,
OR Authorized State Agency**

Development Name: _____ (the "Development")
Development Address: _____
City / County: _____
Ownership Entity: _____

I, the undersigned, hereby certify as follows:

- 1. Other than parking lots, no portion of the improvements associated with the proposed development referenced herein will be within a 100-year flood plain.**

Date

Type or Print

Signature

Title of Person Signing (**Must be City Mayor, County Mayor, Head of Local Planning Commission, or Authorized State Agency**)

ATTACHMENT 25B: CERTIFICATION WITH REGARD TO 100-YEAR FLOOD PLAIN
(Required if changes have occurred since Initial or Carryover Application or 10% Cost Certification Test)

**To be completed by City Mayor, County Mayor, Head of Local Planning Commission,
OR Authorized State Agency**

Development Name: _____ (the "Development")

Development Address: _____

City / County: _____

Ownership Entity: _____

I, the undersigned, hereby certify as follows:

- 1. Development referenced above is located within a 100-year flood plain. Attach the Flood Hazard Map for subject property.**
2. Copy of the current Flood Hazard Insurance policy is attached for subject property.

Date

Type or Print Name

Signature

**Title of Person Signing (Must be City Mayor, County Mayor, Head of Local
Planning Commission, or Authorized State Agency)**

**ATTACHMENT 26A: CERTIFICATE REGARDING QUALIFICATION FOR PUBLIC HOUSING
AUTHORITY SET-ASIDE (WHEN PUBLIC HOUSING AUTHORITY IS THE SOLE GENERAL
PARTNER OR SOLE MANAGING MEMBER OF OWNERSHIP ENTITY)**
(Required if changes have occurred since Initial Application)

Development Name: _____ (the “Development”)

Development Address: _____

Ownership Entity: _____ (the “Development Owner”)

Public Housing Authority: _____ (the PHA”)

Under penalty of perjury, the undersigned, _____, hereby certifies as follows:

1. I am the Executive Director of the PHA and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency (“THDA”) in connection with the Initial Application (as defined below).
2. This Certificate is provided with respect to the status of PHA as qualified public housing authority, as defined in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for (the “QAP”) in connection with an Initial Application of even date herewith (the “Initial Application”) submitted to THDA requesting an allocation of Low-Income Housing Tax Credits (“Tax Credits”) for the Development from the PHA Set-Aside pursuant to the QAP (the “PHA Set-Aside”).
3. 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 (the “Tax Credit Program”). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low-Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.
4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.
5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the PHA Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. PHA is duly created and validly existing under the Housing Authorities Law, Tennessee Code Annotated Section 13-20-101 et seq. (the “Act”).
8. The Development proposed in the Initial Application is within the geographic area of the PHA’s jurisdiction.
9. Check the box that applies:
 - PHA [owns all of the general partnership interests/is the sole managing member] of Development Owner.
 - PHA will, prior to the reservation of Tax Credits, [own all of the general partnership interests/be the sole managing member] of the Development Owner; however, Development Owner has not yet been formed.
10. PHA is not controlled by any for-profit entity.
11. PHA is not affiliated with any for-profit entity, except Development Owner.

12. No staff members, officers or members of the board of directors of PHA will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Development Owner.
13. PHA is authorized to and will materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
14. PHA will participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities PHA will undertake in connection with the development and operation of the Development):

15. Check the box that applies and provide the required information:

- The existing partnership agreement of Development Owner and/or the existing operating agreement for the Development, true, correct and complete copies of which are attached as Exhibit A, do not provide for other [general partners/managing members] of Development Owner.
- The proposed partnership agreement of Development Owner and/or the proposed operating agreement for the Development, true, correct and complete forms of which are attached as Exhibit A, will not provide for other [general partners/managing members] of Development Owner.

Signature of Executive Director

Date

Type or Print Name

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN AN INDIVIDUAL CAPACITY

**ATTACHMENT 26B: CERTIFICATE REGARDING QUALIFICATION FOR PUBLIC HOUSING
AUTHORITY SET-ASIDE (WHEN PUBLIC HOUSING AUTHORITY FORMED A CORPORATION
TO BE SOLE GENERAL PARTNER OR MANAGING MEMBER OF OWNERSHIP ENTITY)**

(Required if changes have occurred since Initial Application)

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Public Housing Authority: _____ (the "PHA")

Corporation: _____ (the "Corporation")

Under penalty of perjury, the undersigned, _____, hereby certifies as follows:

1. I am the Executive Director of the PHA and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below).
2. This Certificate is provided with respect to the status of PHA as a qualified public housing authority, as defined in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for (the "QAP") and the status of Corporation in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of Low-Income Housing Tax Credits ("Tax Credits") for the Development from the PHA Set-Aside pursuant to the QAP (the "PHA Set-Aside").
3. 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 (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low-Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.
4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.
5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the PHA Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. PHA is duly created and validly existing under the Housing Authorities Law, Tennessee Code Annotated Section 13-20-101 et seq. (the "Act").
8. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.
9. Check the box that applies:
 - PHA owns 100% of the stock in Corporation and Corporation [owns all of the general partnership interests/is the sole managing member] of Development Owner.
 - PHA owns 100% of the stock in Corporation and Corporation will, prior to the reservation of Tax Credits, [own all of the general partnership interests/be the sole managing member] of the Development Owner; however, Development Owner has not yet been formed.
10. PHA is not authorized to and will not transfer any stock in Corporation to any person or entity who is not a qualified PHA as defined in the QAP.

11. PHA is not controlled by any for-profit entity.
12. PHA is not affiliated with any for-profit entity, except Corporation and Development Owner.
13. No staff members, officers or members of the board of directors of PHA will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Corporation and Development Owner.
14. PHA is authorized to own 100% of the stock of Corporation for the purpose of materially participating (within the meaning of Section 469(h) of the Code) and, through the Corporation, will materially participate, in the development and operation of the Development throughout the compliance period.
15. Corporation is authorized to and will materially participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities Corporation will undertake in connection with the development and operation of the Development):

16. Corporation was organized under the laws of the State of _____ on _____ and is currently existing under the laws of such state.
17. Check the box that applies, complete required information and attach required documentation:
 - Attached hereto as Exhibit A is a true, correct and complete certificate of existence for Corporation from the Tennessee Secretary of State dated not more than thirty (30) days prior to the date of the Initial Application.
 - Attached hereto as Exhibit A is a true, correct and complete certificate of existence for Corporation from the Secretary of State of _____, the State in which Corporation was organized, together with other documentation from such Secretary of State indicating that Corporation is in good standing under the laws of such State and a certificate from the Tennessee Secretary of State indicating that Corporation is qualified to do business in Tennessee, dated not more than thirty (30) days prior to the date of the Initial Application.
18. One hundred percent (100%) of the stock of Corporation is owned by PHA.
19. Check the box that applies and provide the required information:
 - The existing partnership agreement of Development Owner and/or the existing operating agreement for the Development, true, correct and complete copies of which are attached as Exhibit B, do not provide for other [general partners/managing members] of Development Owner.
 - The proposed partnership agreement of Development Owner and/or the proposed operating agreement for the Development, true, correct and complete forms of which are attached as Exhibit B, will not provide for other [general partners/managing members] of Development Owner.

Signature of Executive Director

Date

Type or Print Name

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN AN INDIVIDUAL CAPACITY

**ATTACHMENT 27: FORM OF LETTER FROM PHA EXECUTIVE DIRECTOR REGARDING
CHOICE NEIGHBORHOODS INITIATIVE (CNI) IMPLEMENTATION GRANT OR RENTAL ASSISTANCE
DEMONSTRATION (RAD) AGREEMENT**

(Required if tax credits received from PHA set aside using CNI Grant or RAD Agreement)

Submit on Public Housing Authority letterhead

Date: _____

Attn: MultiFamily Development
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentlemen:

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

1. I am the duly appointed, qualified and incumbent Executive Director of the [name of housing authority].

2. Select One:

Choice Neighborhoods Initiative (CNI) Grant in the amount of \$_____ was used as part of the financing for the Development.

The Rental Assistance Demonstration (RAD) Program was used as part of the operating income for the Development.

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

Name: _____
Executive Director

Signature: _____

ATTACHMENT 28A: FORM OF OPINION LETTER REGARDING NON-PROFIT QUALIFICATION
(Required if tax credits received from non-profit set aside and nonprofit is the sole general partner or sole managing member of the ownership entity)

Submit on Tax Counsel's Letterhead

(date)

Attn: MultiFamily Development
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentlemen:

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

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

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

1. **[select one: a Certificate of Existence from the Tennessee Secretary of State dated _____, with respect to Nonprofit; or a Certificate of Existence from the state in which Nonprofit was organized dated _____ and a Certificate of Authority from the Tennessee Secretary of State dated _____, with respect to Nonprofit;]**
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Nonprofit;
3. the Letter of Determination dated _____ from the Internal Revenue Service with respect to Nonprofit;
4. all records, documents or other matters related to Nonprofit as we deemed necessary to enable us to give the following opinions;
5. all records, documents or other matters related to other potential participants in the Development as we deemed necessary to enable us to give the following opinions;
6. the Final Application; and
7. the Initial Application, as submitted to THDA by or on behalf of the Development Owner, proposing the Development (the "Initial Application").

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

1. Nonprofit is an organization recognized by the Internal Revenue Service as a 501(c)(3) or 501(c)(4) organization.
2. Nonprofit was duly organized under the laws of the State of _____ on or before two years prior to the date of the Initial Application.
3. **[select one: Nonprofit is validly existing and in good standing under the laws of the State of Tennessee or Nonprofit is validly existing and in good standing under the laws of the State of _____ and is validly authorized to transact business in the State of Tennessee.]**
4. Nonprofit was not formed by one or more individuals or for-profit entities for the principal purpose of being included in the Non-Profit Set-Aside, Nonprofit is not controlled by any for-profit entity, and Nonprofit is not affiliated with any for-profit entity, except Development Owner.
5. No staff members, officers or members of the board of directors of Nonprofit has materially participated or will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Development Owner.
6. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
7. The Nonprofit is authorized to materially participate (within the meaning of Section 469 (h) of the Code) in the development and operation of the Development throughout the compliance period and has materially participated (within the meaning of Section 469 (h) of the Code) in the development and operation of the Development to date.
8. The Nonprofit described in the Initial Application is the same as the Nonprofit described in the Final Application.

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

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;
2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and
3. the following fully executed contracts or agreements which indicate the role of Nonprofit in developing and operating the Development (list documents examined):

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

1. Nonprofit **[select one: owns all of the general partnership interests or is the sole managing member]** of the Development Owner.
2. The partnership agreement of Development Owner and the operating agreement for the Development do not provide for additional **[select one: general partners or managing members]** of Development Owner and provide that Non-profit may only be replaced by another Non-profit that is a qualified Non-profit organization so defined in Section 42(h)(5) of the Code and the QAP.
3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of Nonprofit (within the meaning of Section 469(h) of the Code, as amended) in the development and operation of the Development throughout the compliance period.

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

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

(Name and Signature of Attorney or Firm rendering opinion)

**ATTACHMENT 28B: FORM OF OPINION LETTER REGARDING NON-PROFIT QUALIFICATION
(Required if tax credits received from non-profit set aside and nonprofit formed a corporation to be the sole
general partner or sole managing member of the ownership entity)**

Submit on Tax Counsel's Letterhead

Date: _____

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

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentlemen:

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

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

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

1. [select one: a Certificate of Existence from the Tennessee Secretary of State dated _____ with respect to Nonprofit; or a Certificate of Existence from the State in which Nonprofit was organized dated _____ and a Certificate of Authority from the Tennessee Secretary of State dated _____ with respect to Nonprofit;]
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Nonprofit;
3. the Letter of Determination dated _____ from the Internal Revenue Service, with respect to Nonprofit;
4. all records, documents or other matters related to Nonprofit as we deemed necessary to enable us to give the following opinions;
5. all records, documents or other matters related to other potential participants in the Development as we deemed necessary to enable us to give the following opinions;
6. the Final Application; and
7. the Initial Application, as submitted to THDA by or on behalf of the Development Owner, proposing the Development (the "Initial Application").

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

1. Nonprofit is an organization recognized by the Internal Revenue Service as a 501(c)(3) or 501(c)(4) organization.
2. Nonprofit was duly organized under the laws of the State of _____ on or before two years prior to the date of the Initial Application.
3. **[select one: Nonprofit is validly existing and in good standing under the laws of the State of Tennessee or Nonprofit is validly existing and in good standing under the laws of the State of _____ and is validly authorized to transact business in the State of Tennessee.]**
4. Nonprofit was not formed by one or more individuals or for-profit entities for the principal purpose of being included in the Non-Profit Set-Aside, Nonprofit is not controlled by any for-profit entity, and Nonprofit is not affiliated with any for-profit entity, except Corporation and Development Owner.
5. No staff members, officers or members of the board of directors of Nonprofit has materially participated or will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Corporation and Development Owner.
6. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
7. Nonprofit is authorized to own and currently owns 100% of the stock of Corporation for the purpose of materially participating through Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
8. Nonprofit, as described in the Initial Application is the same as Nonprofit as described in the Final Application.

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

1. a Certificate of Existence for Corporation from the Tennessee Secretary of State dated _____.
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Corporation; and
3. all records, documents or other matters related to Corporation as we deemed necessary to enable us to give the following opinions.

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

1. The Corporation was duly organized, is validly existing, and is in good standing under the laws of the State of Tennessee.
2. One hundred percent (100%) of the stock of Corporation is owned by Nonprofit.
3. No documents examined or of which we are aware authorize, permit or cause transfers of any stock in Corporation to any individual or entity other than a qualified nonprofit as defined in Section 42(h)(5) of the Code and in the QAP.
4. The Corporation is authorized to materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period and has materially participated (within the meaning of Section 469(h) of the Code) in the development and operation of the Development to date.

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

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;
2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and
3. the following fully executed contracts or agreements which indicate the role of Corporation in developing and operating the Development (list documents examined):

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

1. Corporation is the sole [**select one: general partner or managing member**] of Development Owner.
2. The partnership agreement of the Development Owner and/or the operating agreement for the Development do not provide for additional [**select one: general partners or managing members**], and provide that Corporation may only be replaced by another corporation that is a qualified corporation as defined in Section 42 (h)(5)(D) of the Code or a qualified nonprofit, as defined in Section 42(h)(5) of the Code and the QAP.
3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Corporation's ability to materially participate in the development and operation of the Development throughout the compliance period.

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

(Name and Signature of Attorney or Firm rendering opinion)

ATTACHMENT 30A: FORM OF ARCHITECT'S CERTIFICATION
Submit on Architect's Letterhead

2015 QAP

Date: _____

Attn: Multifamily Programs Division
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentlemen:

I am the supervising architect with respect to the referenced Development. As required in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for 2015 (the "QAP"), I am providing the following certifications as part of a Final Application submitted to the Tennessee Housing Development Agency ("THDA") in connection with placing the Development in service. I understand that THDA requires and will rely solely on this certification, with respect to the matters addressed herein, to determine whether the Development, as described in the Final Application, remains eligible for a final allocation of Low-Income Housing Tax Credits ("Tax Credits"). **I hereby certify the following Items 1 through 6 are required as referenced in the QAP:**

1. One hundred percent (100%) of the "covered multifamily dwellings" (as defined in the Fair Housing Act) in the Development are designed and built to meet the requirements of the Fair Housing Act.
2. All "public accommodations" (as defined in the Americans with Disabilities Act) in the Development are designed and built to meet the requirements of the Americans with Disabilities Act.
3. The Development of newly constructed single family units, duplexes, triplexes and townhomes meet the visitability requirements of the THDA Flexible Home Concepts Program.
4. The Development is built with hardwired smoke detectors, with battery backup, in the bedroom areas of all units.
5. The vinyl siding on all or any part of the exterior of all buildings meet the 15-year maintenance free standard.
6. As designed and built, the Development meets the following (**check at least one**):
 - (a) ___ all applicable local building codes (for developments in localities with building codes).
 - (b) ___ 2009 International Building Code (for new construction of multi-family apartments of 3 or more units in localities with no building codes).
 - (c) ___ 2009 International Residential Code for One- and Two-Family Dwellings (for new construction or reconstruction of single-family units or duplexes in localities with no building codes).
 - (d) ___ 2009 International Existing Building Code and International Property Maintenance Code (for rehabilitation of rental units in localities with no building codes).

My certification of Items 7 through 14, as applicable, is to support the points claimed and awarded to the Initial Application involving the Development (check all that apply):

7. ___ For new construction, the Development is designed and built to promote energy conservation by meeting the standards of the 2009 International Building Code.

8. ___ For new construction, the Development is designed and built with one or more of the following on the exterior of each building making up the Development (**check all that apply**):
- (a) ___ brick
 - (b) ___ stone
 - (c) ___ cement fiber siding
 - (d) ___ vinyl that meets a 15-year maintenance-free exterior standard
9. ___ For new construction, the Development is designed and built with a minimum of 65% of the exterior wall surfaces, below the plate line of each building making up the Development, covered with one or more of the following (**check all that apply**):
- (a) ___ brick
 - (b) ___ stone
 - (c) ___ cement fiber siding
10. ___ The Development involves rehabilitation and, as designed and renovated, rehabilitation hard costs for the Development are \$_____ and total development costs are \$_____.
11. ___ The Development as designed and renovated at completion of all **rehabilitations** meet:
- The Development involved **substantial preservation or rehabilitation** and has been rehabilitated so that all rehabilitation as described in the Physical Needs Assessment, the major building components and systems will not require further substantial rehabilitation for a period of at least fifteen (15) years from the required placed in service date. Major building components and systems are roof structures; wall structures; floor structures; foundations; plumbing systems; central heating and air conditioning systems; electrical systems; interior and exterior doors; windows; parking lots; elevators; and fire/safety systems. **Rehabilitation hard costs is no less than the greater of thirty percent (30%) of building acquisition costs or \$11,000 per unit.**
 - The Development involved **moderate preservation or rehabilitation** and has been **rehabilitated so that all rehabilitation hard costs is no less than the greater of twenty-five percent (25%) of building acquisition costs or \$7,000 per unit.** The rehabilitation scope of work must include, at a minimum, all appliances in all units being Energy Star compliant (this requirement does not apply to ovens, ranges, or microwaves), and all work specified in the Physical Needs Assessment with regard to drywall, carpet, tile, interior and exterior paint, the electrical system, heating and air conditioning systems, roof, windows, interior and exterior doors, stairwells, handrails, and mailboxes.
 - The Development involved **limited preservation or rehabilitation** and has been **rehabilitated so that all rehabilitation hard costs is no less than the greater of twenty percent (20%) of building acquisition costs or \$6,000 per unit.** The rehabilitation scope of work must include, at a minimum, all work specified in the Physical Needs Assessment with regard to interior and exterior common areas, interior and exterior painting and/or power washing, gutters, parking areas, sidewalks, fencing, landscaping, and mailboxes.
12. ___ The following structure(s), that is part of the Development, is listed individually on the National Register of Historic Places or is located in a registered historic district and certified by the Secretary of the Interior as being of historical significance to the district and all work performed in connection with the referenced structure(s) is eligible for historic rehabilitation tax credits (list structure(s) address or location within the Development):
13. ___ The Development is designed and built to meet the following requirements:
- All light fixtures in units and common areas to be initially fitted with Energy Star rated light bulbs, compact fluorescent or LED, and, if ceiling fans are provided, the fan must be an Energy Star rated ceiling fan with light fixture (the light fixture is not required to be Energy Star rated) and must connect to wall switches.
 - Use of at least one high efficiency or dual flush toilet per unit; and all faucets, shower heads, and toilets must be EPA "Watersense" rated.

- HVAC systems, including the air handler and line sets, must be rated at 14 SEER and properly sized for the units; and must have Energy Star rated unit temperature control thermostats in each unit.
- Energy Star rated Frost Free Refrigerator/Freezer in all units; and Energy Star rated dishwashers in all units; and all other appliances provided in the unit, including in unit washers must be Energy Star rated (this requirement does not apply to dryers, ovens, ranges, or microwaves).
- Double glazed, insulated energy efficient, windows for all windows in all units; and attic insulation must meet R-30 minimum value; and metal-clad wood, fiberglass, or hollow metal construction exterior doors with a minimum R-11 rating in all units.

14. ___ **Residency Preference:** The Development is designed and built for Households with Special Housing Needs as follows:

The development is designed and built with appropriately sized, dedicated space with appropriate furniture and fixtures for, and agreements with, providers of services relevant to special housing needs residents **and at least one of the following on-site amenities:**

- Exercise facility for appropriate group activity for special housing needs residents (space must be at least 900 square feet, if indoor).
- Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units.
- Gazebo with outdoor shaded sitting area with ornamental flowers and shrubs.

-OR-

___ The Development is designed and built with a minimum of 20% of the units (rounded up to the nearest whole unit) in the Development containing two or more bedrooms for Households with Children (**list unit numbers and building numbers**) **and:**

The Development is designed and built for Households with Children and includes a playground with permanent playground equipment **and at least one of the following on-site amenities:**

- Appropriately sized, dedicated space with appropriate furniture and fixtures for and agreements with providers of after-school tutoring or homework help programs.
- Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units.
- Ball court, separate from all parking areas.

I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low-Income Housing Tax Credit Program. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Low-Income Housing Tax Credits to the Development Owner for the Development.

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

ATTACHMENT 30B: FORM OF ARCHITECT'S CERTIFICATION
Submit on Architect's Letterhead

2016 QAP

Date: _____

Attn: Multifamily Programs Division
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentlemen:

I am the supervising architect with respect to the referenced Development. As required in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for 2016 (the "QAP"), I am providing the following certifications as part of a Final Application submitted to the Tennessee Housing Development Agency ("THDA") in connection with placing the Development in service. I understand that THDA requires and will rely solely on this certification with respect to the matters addressed herein to determine whether the Development, as described in the Final Application, remains eligible for a final allocation of Low-Income Housing Tax Credits ("Tax Credits"). **I hereby certify the following Items 1 through 7 are required as referenced in the QAP:**

1. One hundred percent (100%) of the "covered multifamily dwellings" (as defined in the Fair Housing Act) in the Development are designed and built to meet the requirements of the Fair Housing Act.
2. All "public accommodations" (as defined in the Americans with Disabilities Act) in the Development are designed and built to meet the requirements of the Americans with Disabilities Act.
3. The Development is designed and built to meet the following requirements:
 - All light fixtures in units and common areas to be initially fitted with Energy Star rated light bulbs, compact fluorescent or LED, and, if ceiling fans are provided, the fan must be an Energy Star rated ceiling fan with light fixture (the light fixture is not required to be Energy Star rated) and must connect to wall switches.
 - Use of at least one high efficiency or dual flush toilet per unit; and all faucets, shower heads, and toilets must be EPA "Watersense" rated.
 - HVAC systems, including the air handler and line sets, must be rated at 14 SEER and properly sized for the units; and must have electronic programmable temperature control thermostats in each unit.
 - Energy Star rated frost free refrigerator with freezer in all units; and Energy Star rated dishwashers in all units; and all other appliances provided in the unit, including in unit washers and dryers must be Energy Star rated (this requirement does not apply to ovens, ranges, or microwaves).
 - Double glazed, insulated energy efficient, windows for all windows in all units; and attic insulation must meet R-30 minimum value; and metal-clad wood, fiberglass, or hollow metal construction exterior doors with a minimum R-11 rating in all units.
4. The Development of newly constructed single family units, duplexes, triplexes and townhomes meet the visitability requirements of the THDA Flexible Home Concepts Program.
5. The Development is built with hardwired smoke detectors, with battery backup, in the bedroom areas of all units.

6. The vinyl siding on all or any part of the exterior of all buildings meet the 15-year maintenance free standard.
7. As designed and built, the Development meets the following (**check at least one**):
- (a) ___ all applicable local building codes (for developments in localities with building codes).
 - (b) ___ 2009 International Building Code (for new construction of multi-family apartments of 3 or more units in localities with no building codes).
 - (c) ___ 2009 International Residential Code for One- and Two-Family Dwellings (for new construction or reconstruction of single-family units or duplexes in localities with no building codes).
 - (d) ___ 2009 International Existing Building Code and International Property Maintenance Code (for rehabilitation of rental units in localities with no building codes).

My certification of Items 8 through 14, as applicable, is to support the points claimed and awarded to the Initial Application involving the Development (check all that apply):

8. ___ For new construction, the Development is designed and built to promote energy conservation by meeting the standards of the 2009 International Building Code.
9. ___ For new construction, the Development is designed and built with one or more of the following on the exterior of each building making up the Development (**check all that apply**):
- (a) ___ brick
 - (b) ___ stone
 - (c) ___ cement fiber siding
 - (d) ___ vinyl that meets a 15-year maintenance-free exterior standard
10. ___ For new construction, the Development is designed and built with a minimum of 65% of the exterior wall surfaces, below the plate line of each building making up the Development, covered with one or more of the following (**check all that apply**):
- (a) ___ brick
 - (b) ___ stone
 - (c) ___ cement fiber siding

11. ___ The Development involves rehabilitation and, as designed and renovated, rehabilitation hard costs for the Development are \$_____ and total development costs are \$_____.

12. ___ The Development as designed and renovated at completion of all **rehabilitations** meet:

The Development involved **substantial preservation or rehabilitation** and has been rehabilitated so that all rehabilitation as described in the Physical Needs Assessment, the major building components and systems will not require further substantial rehabilitation for a period of at least fifteen (15) years from the required placed in service date. Major building components and systems are roof structures; wall structures; floor structures; foundations; plumbing systems; central heating and air conditioning systems; electrical systems; interior and exterior doors; windows; parking lots; elevators; and fire/safety systems. **Rehabilitation hard costs is no less than the greater of thirty percent (30%) of building acquisition costs or \$11,000 per unit.**

The Development involved **moderate preservation or rehabilitation** and has been **rehabilitated so that all rehabilitation hard costs is no less than the greater of twenty-five percent (25%) of building acquisition costs or \$7,000 per unit.** The rehabilitation scope of work must include, at a minimum, all appliances in all units being Energy Star compliant (this requirement does not apply to ovens, ranges, or microwaves), and all work specified in

the Physical Needs Assessment with regard to drywall, carpet, tile, interior and exterior paint, the electrical system, heating and air conditioning systems, roof, windows, interior and exterior doors, stairwells, handrails, and mailboxes.

The Development involved **limited preservation or rehabilitation** and has been **rehabilitated so that all rehabilitation hard costs is no less than the greater of twenty percent (20%) of building acquisition costs or \$6,000 per unit.** The rehabilitation scope of work must include, at a minimum, all work specified in the Physical Needs Assessment with regard to interior and exterior common areas, interior and exterior painting and/or power washing, gutters, parking areas, sidewalks, fencing, landscaping, and mailboxes.

13. ___ The following structure(s), that is part of the Development, is listed individually on the National Register of Historic Places or is located in a registered historic district and certified by the Secretary of the Interior as being of historical significance to the district and all work performed in connection with the referenced structure(s) is eligible for historic rehabilitation tax credits (list structure(s) address or location within the Development):

14. ___ **Residency Preference:** The Development is designed and built for Households with Special Housing Needs as follows:

The development is designed and built with appropriately sized, dedicated space with appropriate furniture and fixtures for, and agreements with, providers of services relevant to special housing needs residents **and at least one of the following on-site amenities:**

- Exercise facility for appropriate group activity for special housing needs residents (space must be at least 900 square feet, if indoor).
- Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units.
- Gazebo with outdoor shaded sitting area with ornamental flowers and shrubs.

-OR-

___ The Development is designed and built with a minimum of 20% of the units (rounded up to the nearest whole unit) in the Development containing two or more bedrooms for Households with Children (**list unit numbers and building numbers**) and:

The Development is designed and built for Households with Children and includes a playground with permanent playground equipment **and at least one of the following on-site amenities:**

- Appropriately sized, dedicated space with appropriate furniture and fixtures for and agreements with providers of after-school tutoring or homework help programs.
- Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units.
- Ball court, separate from all parking areas, incorporating permanent fixtures and a minimum of 1,600 square feet of concrete or paved surface.

I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low-Income Housing Tax Credit Program. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Low-Income Housing Tax Credits to the Development Owner for the Development.

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

ATTACHMENT 30C: FORM OF ARCHITECT'S CERTIFICATION
Submit on Architect's Letterhead

2017 QAP

Date: _____

Attn: Multifamily Programs Division
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentlemen:

I am the supervising architect with respect to the referenced Development. As required in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for 2017 (the "QAP"), I am providing the following certifications as part of a Final Application submitted to the Tennessee Housing Development Agency ("THDA") in connection with placing the Development in service. I understand that THDA requires and will rely solely on this certification with respect to the matters addressed herein to determine whether the Development, as described in the Final Application, remains eligible for a final allocation of Low-Income Housing Tax Credits ("Tax Credits"). **I hereby certify the following Items 1 through 7 are required as referenced in the QAP:**

1. One hundred percent (100%) of the "covered multifamily dwellings" (as defined in the Fair Housing Act) in the Development are designed and built to meet the requirements of the Fair Housing Act.
2. All "public accommodations" (as defined in the Americans with Disabilities Act) in the Development are designed and built to meet the requirements of the Americans with Disabilities Act.
3. The Development is designed and built to meet the following requirements:
 - All light fixtures in units and common areas to be initially fitted with Energy Star rated light bulbs, compact fluorescent or LED, and, if ceiling fans are provided, the fan must be an Energy Star rated ceiling fan with light fixture (the light fixture is not required to be Energy Star rated) and must connect to wall switches.
 - Use of at least one high efficiency or dual flush toilet per unit; and all faucets, shower heads, and toilets must be EPA "Watersense" rated.
 - HVAC systems, including the air handler and line sets, must be rated at 14 SEER and properly sized for the units in all buildings with fewer than six stories; and for buildings with six stories or more, all PTAC systems must be rated between 9.6 and 12.0 EER; and must have electronic programmable temperature control thermostats in each unit.
 - Energy Star rated frost free refrigerator with freezer in all units; and Energy Star rated dishwashers in all units; and all other appliances provided in the unit, including in unit washers and dryers must be Energy Star rated (this requirement does not apply to ovens, ranges, or microwaves).
 - Double glazed, insulated energy efficient windows for all windows in all units; and attic insulation must meet R-30 minimum value; and metal-clad wood, fiberglass, or hollow metal construction exterior doors with a minimum R-11 rating in all units.
4. The Development of newly constructed single family units, duplexes, triplexes and townhomes meet the visitability requirements of the THDA Flexible Home Concepts Program.

5. The Development is built with hardwired smoke detectors, with battery backup, in the bedroom areas of all units.
6. The vinyl siding on all or any part of the exterior of all buildings meet the 15-year maintenance free standard.
7. As designed and built, the Development meets the following (**check at least one**):
 - (a)___all applicable local building codes (for developments in localities with building codes).
 - (b)___2012 International Building Code (for new construction of multi-family apartments of 3 or more units in localities with no building codes).
 - (c)___2012 International Residential Code for One- and Two-Family Dwellings (for new construction or reconstruction of single-family units or duplexes in localities with no building codes).
 - (d)___2012 International Existing Building Code and International Property Maintenance Code (for rehabilitation of rental units in localities with no building codes).

My certification of Items 8 through 16, as applicable, is to support the points claimed and awarded to the Initial Application involving the Development (check all that apply):

8. ___ For new construction, the Development is designed and built to promote energy conservation by meeting the standards of the 2012 International Building Code.
9. ___ For new construction, the Development is designed and built with one or more of the following on the exterior of each building making up the Development (**check all that apply**):
 - (a)___ brick
 - (b)___ stone
 - (c)___ cement fiber siding
 - (d)___ vinyl that meets a 15-year maintenance-free exterior standard
10. ___ For new construction, the Development is designed and built with a minimum of 65% of the exterior wall surfaces, below the plate line of each building making up the Development, covered with one or more of the following (**check all that apply**):
 - (a) ___ brick
 - (b) ___ stone
 - (c) ___ cement fiber siding

11. ___The Development involves rehabilitation and, as designed and renovated, rehabilitation hard costs for the Development are \$_____ and total development costs are \$_____.

12. ___ The Development as designed and renovated at completion of all **rehabilitations** meet:

The Development involved **substantial preservation or rehabilitation** and has been rehabilitated so that all rehabilitation as described in the Physical Needs Assessment, the major building components and systems will not require further substantial rehabilitation for a period of at least fifteen (15) years from the required placed in service date. Major building components and systems are roof structures; wall structures; floor structures; foundations; plumbing systems; central heating and air conditioning systems; electrical systems; interior and exterior doors; windows; parking lots; elevators; and fire/safety systems. **Rehabilitation hard costs is no less than the greater of thirty percent (30%) of building acquisition costs or \$11,000 per unit.**

The Development involved **moderate preservation or rehabilitation** and has been **rehabilitated so that all rehabilitation hard costs is no less than the greater of twenty-five percent (25%) of building acquisition costs or \$7,000 per unit.** The rehabilitation scope of work must include, at a minimum, all appliances in all units being

Energy Star compliant (this requirement does not apply to ovens, ranges, or microwaves), and all work specified in the Physical Needs Assessment with regard to drywall, carpet, tile, interior and exterior paint, the electrical system, heating and air conditioning systems, roof, windows, interior and exterior doors, stairwells, handrails, and mailboxes.

The Development involved **limited preservation or rehabilitation** and has been **rehabilitated so that all rehabilitation hard costs is no less than the greater of twenty percent (20%) of building acquisition costs or \$6,000 per unit**. The rehabilitation scope of work must include, at a minimum, all work specified in the Physical Needs Assessment with regard to interior and exterior common areas, interior and exterior painting and/or power washing, gutters, parking areas, sidewalks, fencing, landscaping, and mailboxes.

13. ___ The following structure(s), that is part of the Development, is listed individually on the National Register of Historic Places or is located in a registered historic district and certified by the Secretary of the Interior as being of historical significance to the district and all work performed in connection with the referenced structure(s) is eligible for historic rehabilitation tax credits (list structure(s) address or location within the Development):

14. ___ **Residency Preference:** The Development is designed and built for Households with Special Housing Needs as follows:

The development is designed and built with appropriately sized, dedicated space with appropriate furniture and fixtures for, and agreements with, providers of services relevant to special housing needs residents **and at least one of the following on-site amenities:**

- Exercise facility for appropriate group activity for special housing needs residents (space must be at least 900 square feet, if indoor).
- Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units.
- Gazebo with outdoor shaded sitting area with ornamental flowers and shrubs.

-OR-

___ The Development is designed and built with a minimum of 20% of the units (rounded up to the nearest whole unit) in the Development containing two or more bedrooms for Households with Children (**list unit numbers and building numbers**) **and:**

The Development is designed and built for Households with Children and includes a playground with permanent playground equipment **and at least one of the following on-site amenities:**

- Appropriately sized, dedicated space with appropriate furniture and fixtures for and agreements with providers of after-school tutoring or homework help programs.
- Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units.
- Ball court, separate from all parking areas, incorporating permanent fixtures and a minimum of 1,600 square feet of concrete or paved surface.

I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low-Income Housing Tax Credit Program. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Low-Income Housing Tax Credits to the Development Owner for the Development.

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

STATEMENT OF APPLICATION AND CERTIFICATION FOR OWNERSHIP ENTITY

Development Name: _____ (the "Development")

Development Owner: _____ (the "Development Owner")

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

1. I am _____ of the Development Owner identified above and identified in Section 3 of the Final Application for Low-Income Housing Tax Credits dated _____ (the "Application") being submitted to the Tennessee Housing Development Agency ("THDA") with this Statement.
2. I have personal knowledge regarding the Development and the Application and am familiar with requirements related to Low-Income Housing Tax Credits ("Tax Credits") contained in the Internal Revenue Code of 1986, as amended (the "Code"), the U.S. Treasury Regulations promulgated in connection therewith (the "Regulations") and the Low-Income Housing Tax Credit Qualified Allocation Plan (the "QAP").
3. To the best of my knowledge and belief, the Development Owner has complied, or will comply with all of the requirements contained in the Code, the Regulations and the QAP.
4. I acknowledge and affirm each of the following:
 - a. This Application will not be eligible for Tax Credits or an award of Tax Credits and will be withdrawn if satisfactory information and/or materials are not supplied to THDA in accordance with the QAP.
 - b. Any preliminary award or allocation of Tax Credits, or the amount thereof, if any, is subject, in all respects, to (i) all requirements of the QAP; and (ii) all requirements of Section 42 of the Code and all Regulations.
 - c. As required by Section 42(m) of the Code, THDA will evaluate the amount of Tax Credits appropriate for the Development, if any, at the time the Development is placed in service for purposes of issuance of IRS Form 8609. The amount of Tax Credits reflected in the IRS Form 8609, if any, may be different from the amount reflected in the carryover documentation based on reasonable information submitted by or on behalf of the Development Owner, in the Application, as determined by THDA in its sole discretion.
 - d. Issuance of IRS Forms 8609 by THDA is not a warranty or representation that the referenced Development meets Code requirements applicable to Tax Credits.
 - e. THDA has made no representations about the effects of Tax Credits upon the taxes of any person or entity connected with this Development.
 - f. Neither THDA nor any of its directors, officers, employees and agents are responsible or liable for any representations made in connection with the Tax Credit program.
 - g. I assume the risk of all damages, losses, costs, and expenses related to participation in the Tax Credit program and agree to indemnify and save harmless THDA and all of its directors, officers, employees and agents harmless against any and all claims, suits, losses, damages, costs and expenses (including all court costs and attorney's 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 a preliminary award 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.

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

By: _____
 (signature)

 (print or type name)

 (title)

 (date)

STATE OF _____)
 COUNTY OF _____)

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

Witness my hand and seal, at office, this _____ day of _____, 2019

 Notary Public

My Commission Expires: _____

[SEAL]