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TENNESSEE HOUSING DEVELOPMENT AGENCY
2017 MULTIFAMILY TAX-EXEMPT
BOND AUTHORITY INITIAL APPLICATION



Tennessee Housing Development Agency Multifamily Tax-Exempt Bond Authority Application Requirements Checklist

An Application must meet all of the requirements specified in the 2017 Program Description, must meet all federal tax requirements, and must provide complete information and all documents required in the Application. Original documents are required, as are original signatures where signatures are required. **No copies or faxes will be accepted.** The following items are required to be submitted:

1. Application Checklist (this checklist)
2. Application or Resubmission Fee
3. Statement of Application and Certification for the Ownership Entity
4. Initial Application (pages 4 - 10)
5. Property Control Documents (Level I and II)
6. Borrower Issuer Certification
7. Self-Check and Scoring Sheet
8. Gross Rent Floor Election Form
9. Attachment 1: Development Costs
10. Attachment 2: Determination of Applicable Fraction
11. Attachment 2A: Development Construction Data
12. Attachment 3: Low-Income Unit Information
13. Attachment 4: Market Rate Unit Information
14. Attachment 5: Utility Allowance Calculation
15. Attachment 6: Sources and Uses of Funds
16. Attachment 7: Construction Financing
17. Attachment 8: Permanent Financing
18. Attachment 9: Government Subsidies
19. Attachment 10: Annual Expense Information
20. Attachment 11: Units Designed for Special Housing Needs
21. Attachment 12: Development Schedule
22. Attachment 13: Compliance Verification for Low-Income Projects
23. Attachment 14: Other Development Participants
24. Attachment 15A: Type of Ownership Entity – Partnership
25. Attachment 15B: Type of Ownership Entity – Corporation
26. Attachment 15C: Type of Ownership Entity – Limited Liability Company
27. Attachment 16A: Type of Developer Entity – Partnership
28. Attachment 16B: Type of Developer Entity – Corporation
29. Attachment 16C: Type of Developer Entity – Limited Liability Company
30. Attachment 17: Disclosure Statement
31. Attachment 18: Bond Purchase Agreement Letter
32. Attachment 19: Election of Low-Income Housing Tax Credit Rate

- 33. Attachment 20: Closing Confirmation Letter
- 34. Attachment 21: Architect Certification
- 35. Attachment 22A: Certification Regarding 100-Year Flood Plain
- 36. Attachment 22B: Certification Regarding 100-Year Flood Plain
- 37. An Inducement Resolution from the issuer of the bonds signifying the issuer's commitment to issue the bonds in the amount specified in the Application.
- 36. Opinion of Bond Counsel from an independent third party attorney, addressed to the Tennessee Housing Development Agency, stating that all of the requirements of the 2017 Multifamily Tax-Exempt Bond Authority Program Description and the Application have been met, and that all federal tax requirements for the bonds will be met.
- 37. Notice of Public Hearing (copy) of the bond issue as required by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA); the hearing must have been held prior to submitting a 2017 application.
- 38. Market Study, Exhibit 1
- 39. Appraisal, Exhibit 7
- 40. Physical Needs Assessment, Exhibit 8
- 41. One CD-ROM's (see formatting on page 12)

TENNESSEE HOUSING DEVELOPMENT AGENCY
APPLICATION FOR 2017 MULTIFAMILY TAX-EXEMPT BOND AUTHORITY

Application Date: _____

1. Development Name and Location:

Development Name: _____
Street Address: _____
City, Zip Code: _____
County: _____ Map & Parcel: _____

2. Issuer:

Board Name: _____
Board Chairman: _____
Address: _____
City, State, Zip Code: _____

Issuer's Counsel: _____
Contact Name: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____

3. Ownership Entity:

Ownership Name: _____
Contact Person: _____
Address: _____
City, State, Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____

Alternate Contact for Ownership Entity:

Contact Person: _____
Address: _____
City, State, Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____

The Ownership Entity (check only one and complete):

- ☐ is validly formed and currently in existence in the State of Tennessee. (*Attach a Certificate of Existence for the Ownership Entity dated not more than 30 days prior to the date of this Application*). **Insert the Certificate of Existence behind this page.**

- ☐ is validly formed and currently in existence in the State of _____ and the Ownership Entity is qualified to do business in Tennessee on _____ (date). *(If Ownership Entity is a Limited Liability Company, attach Tennessee Application for Certificate of Authority bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership Entity is a limited partnership, attach Tennessee Application for Registration bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership Entity is a corporation, attach Tennessee Certificate of Authority. If Ownership Entity is a limited liability partnership, attach Tennessee Certificate of Good Standing). Insert documentation behind this page.*
- ☐ will be formed in the State of _____ on or before _____, 2017.

Type of Ownership Entity (check only one and complete all information):

Tax ID Number:

- | | |
|---|-------|
| ☐ Limited Partnership (Complete and submit Attachment 15A) | _____ |
| ☐ Limited Liability Limited Partnership (Complete and submit Attachment 15A) | _____ |
| ☐ General Partnership (Complete and submit Attachment 15A) | _____ |
| ☐ Limited Liability Partnership (Complete and submit Attachment 15A) | _____ |
| ☐ Limited Liability Company (Complete and submit Attachment 15C) | _____ |
| ☐ Corporation (Complete and submit Attachment 15B) | _____ |
| ☐ Individual (use social security number) | _____ |

4. Ownership's Bond Counsel:

Firm Name: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

5. Developer Entity:

Developer Name: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Type of Developer Entity (check only one and complete all information):

Tax ID Number:

- | | |
|---|-------|
| ☐ Limited Partnership (Complete and submit Attachment 16A) | _____ |
| ☐ Limited Liability Limited Partnership (Complete and submit Attachment 16A) | _____ |
| ☐ General Partnership (Complete and submit Attachment 16A) | _____ |
| ☐ Limited Liability Partnership (Complete and submit Attachment 16A) | _____ |
| ☐ Limited Liability Company (Complete and submit Attachment 16C) | _____ |
| ☐ Corporation (Complete and submit Attachment 16B) | _____ |
| ☐ Individual (use social security number) | _____ |

6. Development Information:

- ☐ New Construction
- ☐ Preservation or Rehabilitation
- ☐ Acquisition with Preservation or Rehabilitation
- ☐ Adaptive Reuse
- ☐ Scattered Sites

Total number residential buildings proposed: _____

Total number of non-residential buildings proposed: _____

Total number residential units proposed: _____

Applicable Fraction: _____ %

Total number units to be restricted for low-income tenants: _____

Total number units to be restricted for low-income tenants that will be rehabilitated: _____

Total number units to be restricted for low-income tenants that will not be rehabilitated due to recent rehabilitation or restoration because of fire, flood, other casualty, lack of need for rehabilitation, or any other reason: _____

Total number market rate units: _____

Total square feet of low-income residential floor space (excluding common area): _____

2017 Multifamily Tax-Exempt Bond Authority Requested from THDA: \$ _____

Anticipated Tax-Exempt Bond Closing Date: _____

2017 Multifamily Tax Credit Amount Requested: \$ _____

- ☐ Multifamily Housing with and/or without Children
- ☐ Single Room Occupancy Housing
- ☐ Housing for the Elderly
- ☐ Housing for the Disabled
- ☐ Scattered Sites
- ☐ Homeless Permanent Supportive Housing

Describe any and all additional amenities included in the Development:

Accessory Buildings / Area _____

Recreational Facilities _____

Commercial Facilities _____

Common Areas _____

Kitchen / Dining Areas _____

Unit Amenities _____

7. Type of Bond (check one):

- ☐ Small Issue IDB ☐ Exempt Facility ☐ Other (specify): _____
- Is this a Refunding Bond? ☐ YES ☐ NO

Bond Uses: (Check all that apply)

- ☐ New Construction ☐ Equipment ☐ Rehabilitation
- ☐ Land Purchase ☐ Site Development

How Will The Bonds Be Placed?

☐ Publicly ☐ Privately ☐ Underwriter ☐ Purchase

Company Name: _____

Address: _____

Contact Person: _____

Telephone: _____ Fax: _____

E-mail: _____

Date of Inducement Resolution: _____

Date of TEFRA Public Hearing: _____

8. Previous Application for Tax-Exempt Bond Authority for this Project:

Allocation Number: _____

Date of Submittal: _____

Closing Date: _____

Borrower/User: _____

Are you an applicant, developer, owner, or related party in any other application(s) that have been submitted to THDA for Multifamily Tax-Exempt Bond Authority in 2017? ☐ YES ☐ NO

If yes, explain: _____

9. OTHER DEVELOPMENT PARTICIPANTS:

A. Complete and submit **Attachment 14. (Mandatory)**

B. Does the Contractor, the Management Company, the Sponsoring Organization, the Consultant, the Tax Accountant, and/or the Architect, as identified on **Attachment 14, or any individual directly or indirectly involved with any such entity have any direct or indirect relationship (personal or business) with or interest in any of the following:**

Yes No

☐ ☐ Ownership Entity identified in Section 3 of this Initial Application

☐ ☐ Developer identified in Section 5 of this Initial Application

☐ ☐ Any individual directly or indirectly involved with the Ownership Entity

☐ ☐ Any individual directly or indirectly involved with the Developer

☐ ☐ Any other entity identified on Attachment 14

☐ ☐ Any individual directly or indirectly involved with any entity identified on Attachment 14

- C. Does the Ownership Entity identified in Section 3 of this Initial Application or any individual identified on **Attachment 15A, 15B, or 15C** have any direct or indirect relationship (personal or business) with or interest in any of the following:

Yes No

- ☐ ☐ The Developer identified in Section 5 of this Initial Application
☐ ☐ Any individual directly or indirectly involved with the Developer
☐ ☐ Any entity identified on Attachment 14
☐ ☐ Any individual directly or indirectly involved with the purchaser of the bond authority
☐ ☐ Any individual directly or indirectly involved with any entity identified on Attachment 14

- D. Does the Developer identified in Section 5 of this Initial Application or any individual identified on **Attachment 16A, 16B, or 16C** have any direct or indirect relationship (personal or business) with or interest in any of the following:

Yes No

- ☐ ☐ The Ownership Entity identified in Section 3 of this Initial Application
☐ ☐ Any individual directly or indirectly involved with the Ownership Entity
☐ ☐ Any entity identified on Attachment 14
☐ ☐ Any individual directly or indirectly involved with the purchaser of the bond authority
☐ ☐ Any individual directly or indirectly involved with any entity identified on Attachment 14

- E. Explain all “Yes” boxes checked in Section 9B, 9C, or 9D above. Attach as many additional pages as necessary. Insert the explanation page behind this page.

10. ACQUISITION INFORMATION:

A. Name of Seller: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: (____) _____ Fax: (____) _____
Email: _____

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

C. Map and Parcel Numbers: _____

D. Are all parcels or tracts of land contiguous?

- ☐ Yes
☐ No

E. Exact area of site in acres: _____

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

- G. Date of site acquisition by the Ownership Entity or proposed date: _____
- H. How long did the seller(s) own the parcels and/or tracts making up the site? _____
- I. Does the seller or any individual involved with the seller (directly or indirectly) have any direct or indirect relationship (personal or business) with or interest in the Ownership Entity, the Developer, or any individual involved (directly or indirectly) with the Ownership Entity or the Developer?
- ☐ Yes If yes, specify nature of relationship: _____
- ☐ No
- J. If the project involves acquisition of land or buildings, is there more than a fifty percent (50.00%) identity of interest between the buyer and seller?
- ☐ Yes
- ☐ No
- K. Is property being purchased through foreclosure?
- ☐ Yes If yes, name of financial institution and date of foreclosure: _____
- ☐ No
- L. To be eligible, a Bond Authority Application must demonstrate control of the property on which the development proposed in the Bond Authority Application is to be located (the "Property"). A copy of any one of items (i)-(iv) below must be part of the Bond Authority Application:
- a. Recorded instrument of conveyance (warranty deed, quitclaim deed, trustee deed, court order) evidencing title to the Property vested in (A) the currently existing Ownership Entity identified in the Bond Authority Application or (B) a person or entity identified in the Bond Authority Application as the general partner or managing member of the Ownership Entity to be formed;
 - b. Acceptable evidence demonstrating the ability to acquire the Property through the power of eminent domain by (A) the currently existing Ownership Entity identified in the Bond Authority Application or (B) a person or entity identified in the Bond Authority Application as the general partner or managing member of the Ownership Entity to be formed;
 - c. Contract for sale or a contract for a 50-year ground lease, which contract must show that the ground lease, when executed, will meet the requirements executed by (A) the owner of record of the Property and (B) the currently existing Ownership Entity identified in the Bond Authority Application or a person or entity identified in the Bond Authority Application as the general partner or managing member of the Ownership Entity to be formed; or
 - d. An option to purchase or an option for a 50-year ground lease, which option must show that the ground lease, when executed by (A) the owner of record of the Property and (B) the currently existing Ownership Entity identified in the Bond Authority Application or a person or entity identified in the Bond Authority Application as the general partner or managing member of the Ownership Entity to be formed.
 - e. A ground lease for the Property must have a minimum term of 50 years with no provisions for termination or reversion prior to the expiration of the extended use period as defined in Section 42(h)(6)(D). Proposed developments which are the subject of a Payment In Lieu of Taxes ("PILOT") agreement may be exempt from this minimum term requirement subject to THDA's review of and satisfaction with the terms of the PILOT agreement, as determined in THDA's sole discretion.

M. Documentation required as part of the Bond Authority Application to demonstrate eligibility:

a. A copy of one of the items identified above, **AND**

i. A commitment for title insurance evidencing that title to the Property is vested in the person or entity who executed the document required in Part VII-A-7-a above as owner, which must include a valid legal description of the property. The commitment for title insurance must be dated no more than 60 days prior to the submission of the Bond Authority Application.

N. Copies of assignments of contracts or options without copies of the underlying contract or option that meets the requirements set forth above will not be accepted.

Borrower Issuer Certification:

The information contained in this Application for Multifamily Tax-Exempt Bond Authority, and related Attachments, is to the best of our knowledge, true and accurate.

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 Multifamily Tax-Exempt Bond Authority Program. I further acknowledge that the statements contained in this Application, all relevant Attachments and this Statement are statements of substance made for the purpose of influencing THDA to allocate Multifamily Tax-Exempt Bond Authority to the Application of which this Statement is a part.

Borrower:

BY: _____
Authorized Signature

Name (please print or type)

Title

Date

Issuer:

BY: _____
Authorized Signature

Name (please print or type)

Title

Date

NOTE: THDA maintains the right to request additional information that may be required to properly evaluate this application.

Self-Check and Scoring Summary Sheet

Each applicant should carefully review the Program Description and the Application to ensure that all requirements have been met. For your assistance, check the following and submit:

- ☐ 1. Have all the Application requirements been satisfied? (Review the Application Requirements Checklist.)
- ☐ 2. Is the total cost per unit within the THDA limits in the Program Description Part I-F (From “Development Cost Worksheet” in Application, divide the “Total Development Costs,” from Column A of Line 12, by the total number of units in the development.)
- ☐ 3. If the development includes both acquisition and rehabilitation, do rehabilitation hard costs exceed thirty percent (30%) of the acquisition cost of the building(s) for Substantial Rehabilitation as described in Part I-F-2-(a) the 2017 MultiFamily Tax-Exempt Bond Authority Program Description, twenty-five percent (25%) of the acquisition cost of the building(s) for Moderate Rehabilitation as described in Part I-F-2-(b) of the 2017 MultiFamily Tax-Exempt Bond Authority Program Description, or twenty percent (20%) of the acquisition cost of the building(s) for Limited Rehabilitation as described in Part I-F-2-(c) of the 2017 MultiFamily Tax-Exempt Bond Authority Program Description (From “Development Cost Worksheet” in Application, divide the amount for “Rehabilitation Hard Costs” in Item 3 Column A by the amount for “Existing Structures” in Item 1 Column A.)
- ☐ 4. Limit on developer’s fees: See Program Description Part I-H for detailed requirements on developer’s fees.
- ☐ 5. Submit the original Checklist, Application and Attachments, plus one CD-ROM, formatted in pdf version, set-up with eight folders named as follows. **NOTE: CD-ROM must be an exact match of the Bond Authority Application which includes all signatures:**

Folder 1:	Checklist, Application, Attachments and Property Control
Folder 2:	Opinion of Bond Counsel
Folder 3:	Inducement Resolution
Folder 4:	Public Notice
Folder 5:	Bond Purchase Agreement Letter (Attachment 18)
Folder 6:	Market Study (Exhibit 1)
Folder 7:	Appraisal (Exhibit 7)
Folder 8:	Physical Needs Assessment (Exhibit 8)

Score Your Application (must be completed and submitted):

A. Meeting Housing Needs: (Maximum 50 points)

1. ☐ Rental Housing Needs Score from **(Exhibit 6): (Maximum 46 points)**
Development is located in _____ County.
2. ☐ Developments located wholly and completely in a Qualified Census Tract or a Difficult to Develop Area as designated by HUD **(Exhibit 2): 4 points**

B. Development Characteristics: (Maximum 35 points)

1. ☐ Developments not involving rehabilitation designed and built to promote energy conservation by meeting the standards of the 2009 International Building Code. Certification from the design architect will be required following the issuance of the Commitment Letter. Confirmation from the supervising architect will be required prior to any partial refund of the Commitment Fee pursuant to Part X-D: **10 points**
2. ☐ Developments not involving rehabilitation designed and built using brick, stone, cement fiber siding, or vinyl to meet a 15-year maintenance-free exterior standard. Certification from the design architect will be required following the issuance of the Commitment Letter. Confirmation from the supervising architect will be required prior to any partial refund of the Commitment Fee pursuant to Part X-D: **10 points**
3. ☐ Developments not involving rehabilitation designed and built with a minimum of 65% of the exterior wall surfaces below the plate line covered with brick, stone, or cement fiber siding. Certification from the design architect will be required following the issuance of the Commitment Letter. Confirmation from the supervising architect will be required prior to any partial refund of the Commitment Fee pursuant to Part X-D: **15 points**
4. ☐ Rehabilitation only: **(Maximum 35 points)**
 - ☐ Developments involving substantial rehabilitation, as described in Part I-F-2-(a) the 2017 MultiFamily Tax-Exempt Bond Authority Program Description: **35 points**
 - ☐ Developments involving moderate rehabilitation, as described in Part I-F-2-(b) of the 2017 MultiFamily Tax-Exempt Bond Authority Program Description: **30 points**
 - ☐ Developments involving limited rehabilitation, as described in Part I-F-2-(c) of the 2017 MultiFamily Tax-Exempt Bond Authority Program Description: **25 points**

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

C. Serving Special Populations: (Maximum 50 points)

The proposed development must include on-site services for the targeted tenant population. Submit a comprehensive service plan that identifies each service to be provided; the anticipated source of funding for each service; the physical space that will be used to provide each service; and the anticipated supportive service provider for each service and their experience in providing service to the targeted population. Tentative agreements with providers of on-site services throughout the first two (2) years following the required placed in service date must be included. Final agreements with providers of on-site services throughout the first two (2) years following the required placed in service date must be submitted prior to any partial refund of the Commitment Fee pursuant to Part X-D. Certification from the design architect will be required following the issuance of the Commitment Letter. Confirmation from the supervising architect will be required prior to any partial refund of the Commitment Fee pursuant to Part X-D.

1. ☐ Residence Preference for Households with Children: Minimum of 20% of the units in the development (rounded up to the nearest whole unit) must have 2 or more bedrooms. The development must include a playground with permanent playground equipment and at least one of the following on-site amenities: **20 points**
- ☐ Appropriately sized, dedicated space with appropriate furniture and fixtures for and agreements with providers of after-school tutoring or homework help programs; or
 - ☐ Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units; or
 - ☐ Ball court, separate from all parking areas, incorporating permanent fixtures and a minimum of 1,600 square feet of concrete or paved surface.

OR

2. ☐ Residency Preference for Households with Special Housing Needs: The development must include an 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: **20 points**
- ☐ Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units; or
 - ☐ Exercise facility for appropriate group activity for special housing needs residents (space must be at least 900 square feet, if indoor); or
 - ☐ Gazebo with outdoor shaded sitting area with ornamental flowers and shrubs.

AND

3. ☐ Election to set aside a minimum of twenty percent (20%) of the units (which number shall be rounded up to the next whole unit) for households with incomes no higher than fifty percent (50%) of the area median income with rents maintained at or below the 50% of area median income maximums. Units occupied by households with Section 8 Housing Choice Vouchers count toward this requirement: **(Maximum 30 points)**

<u>Percent of Units</u>	<u>Points</u>
☐ At least 5%	5 points
☐ At least 10%	10 points
☐ At least 15%	20 points
☐ At least 20%	30 points

NOTE: Election of points under this Part VII-C-3 shall constitute a corresponding election of points under Part VII-B-4 of the 2017 Low-Income Housing Tax Credit Qualified Allocation Plan with regard to an application for noncompetitive Low-Income Housing Tax Credit.

D. Increasing Housing Stock: (Maximum 5 points)

- ☐ Developments which are new construction or are conversions of buildings not being used for housing which make them usable as housing. **5 points**

E. Affirmatively Furthering Fair Housing: (Maximum 2 points)

- ☐ The development must have and be operated in accordance with marketing plans, lease-up plans, and operating policies and procedures which are fully compliant with the THDA Affirmative Marketing Policy and Procedures. **2 points**

F. Enterprise Green Community Certification: (Maximum 25 points)

- ☐ Development fully certified as compliant with Enterprise Green Community requirements.
-

_____ **Total Points (Must score a minimum of 78 points to be eligible for bond authority)**

SELF-SCORING (Must Be Completed)

1. HOUSING NEEDS:	(max 50 points)	
A. Development located in _____ County: (max 46 points)		_____
B. Development is located in QCT or DDA (see Exhibit 2): (max 4 points)		_____
2. DEVELOPMENT CHARACTERISTICS:	(max 35 points)	
New Construction Only:		
A. Designed and built to promote energy conservation: (max 10 points)		_____
B. Designed and built using brick, stone, cement fiber siding or 15-year maintenance-free exterior vinyl: (max 10 points)		_____
C. Designed and built with minimum 65% brick, stone, cement fiber siding: (max 15 points)		_____
Rehabilitation Only:		
D. Substantial Rehabilitation: (max 35 points)		_____
E. Moderate Rehabilitation: (max 30 points)		_____
F. Limited Rehabilitation: (max 25 points)		_____
3. SERVING SPECIAL POPULATIONS:	(max 50 points)	
A. Residency Preference for Households with Children: (max 20 points)		_____
OR		
B. Residency Preference for Households with Special Housing Needs: (max 20 points)		_____
AND		
C. Lowest Income Preference Points: (max 30 points)		_____
4. INCREASING HOUSING STOCK:	(max 5 points)	
5. AFFIRMATIVELY FURTHERING FAIR HOUSING:	(max 2 points)	
6. ENTERPRISE GREEN COMMUNITY CERTIFICATION:	(max 25 points)	
TOTAL POINTS SCORED:		

**TENNESSEE HOUSING DEVELOPMENT AGENCY
MULTIFAMILY TAX-EXEMPT BOND AUTHORITY PROGRAM
GROSS RENT FLOOR ELECTION**

Development: _____

Address: _____

City & ZIP Code: _____

THDA BIN: TN17 - ____ ____ ____

Date: _____

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

THIS IS A ONE-TIME IRREVOCABLE ELECTION.

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

_____ On date of initial allocation (or determination)

_____ On placed-in-service date ¹

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

Owner: _____

By: _____

Its: _____

¹ Consult your tax or tax credit advisor before choosing this option as it could cause irrevocable harm to your development.

ATTACHMENT 1: DEVELOPMENT COSTS
2017 THDA MULTIFAMILY TAX-EXEMPT BOND AUTHORITY PROGRAM

A. LIST DEVELOPMENT COSTS (IF DEVELOPMENT CONTAINS NON-RESIDENTIAL, PLEASE INDICATE.)

All costs to be listed in the first column. All items under "other" must be satisfactorily explained to be considered.

	<u>A</u>	<u>B</u>	<u>C</u>
	<u>TOTAL COSTS</u>	<u>ACQUISITION</u>	<u>REHAB/ NEW CONST.</u>
1. <u>To Purchase Land and Buildings</u>			
Land			
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 Bonds			
Tap Fees			
Contractor Overhead			
Contractor Profit			
Impact Fees			
Subtotal			
4. <u>Contingency</u>			
Construction Contingency			
Subtotal			
5. <u>Professional Fees</u>			
Architect Fee-Design			
Architect Fee-Supervision			
Real Estate Attorney			
Survey			
Soil Borings			
Engineering Fees			
Cost Certification Fees			
Subtotal			

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

ATTACHMENT 2: DETERMINATION OF APPLICABLE FRACTION

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

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

TOTAL SQUARE FOOTAGE OF LOW-INCOME RESIDENTIAL FLOOR SPACE**: _____

TOTAL SQUARE FOOTAGE OF MARKET RATE RESIDENTIAL FLOOR SPACE: _____

TOTAL SQUARE FOOTAGE COMMON AREA FLOOR SPACE: _____

TOTAL SQUARE FOOTAGE COMMERCIAL FLOOR SPACE: _____

TOTAL SQUARE FOOTAGE IN DEVELOPMENT: _____

****Must match square footage indicated on Attachment 3.**

ATTACHMENT 2A: DEVELOPMENT CONSTRUCTION DATA

A. Type of construction:

- ☐ Frame/combustible
☐ Masonry/noncombustible

B. Number of stories in a typical building: _____

C. Shape of footprint of a typical building: _____

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

E. Height of a typical building: _____

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

- ☐ Yes If yes, how many _____
☐ No

G. Are any buildings equipped with elevators?

- ☐ Yes If yes, how many _____
☐ No

H. If Development is REHABILITATION:

What is the age of the property: _____

Effective Age* of property PRIOR TO tax credit rehabilitation: _____

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

ATTACHMENT 3: UNIT INFORMATION
LOW-INCOME UNITS ONLY

UNITS SET ASIDE FOR TENANTS AT 50% OF AREA MEDIAN INCOME

<u>NUMBER BDRMS</u>	<u>NUMBER UNITS</u>	<u>SQ FT PER UNIT</u>	<u>TOTAL SQ. FT.</u>	<u>MONTHLY RENT PER UNIT</u>	<u>TOTAL MONTHLY RENT</u>
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
TOTALS:	_____	_____	_____	\$ _____	\$ _____

UNITS SET ASIDE FOR TENANTS AT 60% OF AREA MEDIAN INCOME

<u>NUMBER BDRMS</u>	<u>NUMBER UNITS</u>	<u>SQ FT PER UNIT</u>	<u>TOTAL SQ. FT.</u>	<u>MONTHLY RENT PER UNIT</u>	<u>TOTAL MONTHLY RENT</u>
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
TOTALS:	_____	_____	_____	\$ _____	\$ _____

Other income source: _____

Amount **per month**: _____

Less vacancy allowance: _____% ()

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

Estimated annual percentage increase in annual development income: _____%

ATTACHMENT 4: UNIT INFORMATION
MARKET RATE UNITS ONLY

<u>NUMBER</u> <u>BDRMS</u>	<u>NUMBER</u> <u>UNITS</u>	<u>SQ. FT.</u> <u>PER UNIT</u>	<u>TOTAL</u> <u>SQ. FT.</u>	<u>MONTHLY</u> <u>RENT PER</u> <u>UNIT</u>	<u>TOTAL</u> <u>MONTHLY</u> <u>RENT</u>
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
 TOTALS:	_____	_____	_____	\$ _____	\$ _____

Other income sources: _____ Amount **per month:** \$ _____

Less vacancy allowance: _____% ()

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

Estimated annual percentage increase in annual development income: _____%

ATTACHMENT 5: MONTHLY UTILITY ALLOWANCE CALCULATION

A. Complete the following:

<u>Type of Utility</u>	<u>Paid by</u> <u>Owner</u>	<u>Paid by</u> <u>Tenant</u>	<u>Allowance Amount</u>			
			<u>1 BDRM</u>	<u>2 BDRM</u>	<u>3 BDRM</u>	<u>4 BDRM</u>
Heating	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Cooking	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Other Electric	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Air Conditioning	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Hot Water	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Water	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Sewer	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Trash	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Range/Microwave	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Refrigerator	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
Other - specify	☐	☐	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL UTILITY ALLOWANCE:			\$ _____	\$ _____	\$ _____	\$ _____

(DO NOT INCLUDE ITEMS PAID BY OWNER IN TOTAL)

B. Source of Utility Calculations (Verification from source not required until Reservation Notice is issued):

- ☐ State PHA
- ☐ Local PHA
- ☐ USDA / RD
- ☐ Utility Company
- ☐ Engineer Certificate (estimate attached)
- ☐ Other _____

C. Effective Date of Utility Calculation: _____

ATTACHMENT 6: SOURCES AND USES OF FUNDS

A. Sources of Funds:

Grant Funds: \$ _____
Mortgage Proceeds: \$ _____
USDA / RD *: \$ _____
Syndication Proceeds: \$ _____
Capital Contributions**: \$ _____
TOTAL SOURCES: \$ _____

*** MPR Agreement, Interest Credit Agreement, and Debt Deferral Agreement must be submitted. Insert these Agreements behind this page.**

****Define each source and amount of capital contribution:**

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

B. Uses of Funds:

Total Development Costs: \$ _____
Other Uses of Funds: \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL USES: \$ _____

ATTACHMENT 7: CONSTRUCTION FINANCING

List individually all sources of construction financing for the Development:

<u>LENDER</u>	<u>AMOUNT</u>	<u>ANNUAL DEBT SERVICE</u>	<u>INTEREST RATE</u>	<u>AMMORT. PERIOD</u>	<u>TERM</u>
1. _____	\$ _____	\$ _____	_____ %	_____	_____
2. _____	\$ _____	\$ _____	_____ %	_____	_____
3. _____	\$ _____	\$ _____	_____ %	_____	_____
4. _____	\$ _____	\$ _____	_____ %	_____	_____
5. _____	\$ _____	\$ _____	_____ %	_____	_____

TOTAL AMOUNT OF FUNDS: \$ _____

TOTAL ANNUAL DEBT SERVICE: \$ _____

(Assumption is made that annual debt service is paid in 12 equal monthly payments – please indicate if payment amount or frequency differs)

ATTACHMENT 8: PERMANENT FINANCING

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

<u>LENDER</u>	<u>AMOUNT</u>	<u>ANNUAL DEBT SERVICE</u>	<u>INTEREST RATE</u>	<u>AMMORT PERIOD</u>	<u>TERM</u>
1. _____	\$ _____	\$ _____	_____%	_____	_____
2. _____	\$ _____	\$ _____	_____%	_____	_____
3. _____	\$ _____	\$ _____	_____%	_____	_____
4. _____	\$ _____	\$ _____	_____%	_____	_____
5. _____	\$ _____	\$ _____	_____%	_____	_____

TOTAL AMOUNT OF FUNDS: \$ _____

TOTAL ANNUAL DEBT SERVICE: \$ _____

(Assumption is made that annual debt service is paid in 12 equal monthly payments. Please indicate if payment amount or frequency differs)

ATTACHMENT 9: GOVERNMENT SUBSIDIES

A. Is any portion of the funding for the Development directly or indirectly from Federal, State, or local government funds?

☐ Yes

☐ No

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

☐ Tax-Exempt Financing \$ _____

☐ CDBG Financing \$ _____

☐ CDBG Grant \$ _____

☐ UDAG Financing \$ _____

☐ UDAG Grant \$ _____

☐ HoDAG Financing \$ _____

☐ HoDAG Grant \$ _____

☐ USDA / RD Financing \$ _____

☐ HOUSE Funds \$ _____

☐ HOME Funds \$ _____

☐ HUD LMSA \$ _____

☐ Section 221(d)(3), Section 221(d)(4), Section 223(f) mtg ins. \$ _____

☐ Section 8 Project Based Subsidy \$ _____

Specify Type: _____

☐ Operating Subsidy \$ _____

☐ Fannie Mae \$ _____

☐ Freddie Mac \$ _____

☐ Local Grant \$ _____

☐ Other: \$ _____

Specify Type: _____

B. If tax-exempt bond financing is used, the percentage of the tax-exempt financing to the aggregate basis of any buildings and land on which buildings are located is _____% and the total amount of the tax-exempt financing is \$_____.

C. Is HUD or USDA / RD approval for Transfer of Physical Assets required?

☐ Yes

☐ No

D. Has HUD or USDA / RD approval been received?

- ☐ Yes (submit copy of MPR Agreement, Interest Credit Agreement, Debt Deferral Agreement)
☐ No

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

Date Transfer of Physical Assets approval is expected: _____

E. Does the Development have any existing operating subsidies?

- ☐ Yes
☐ No

If yes, explain type of subsidy with terms, conditions and amount awarded: _____

F. If HUD subsidy layering is involved, a written request is required to be submitted to THDA. If request for subsidy layering review is submitted with Initial Application, there will be no fee, if submitted at a later date a modification fee will be charged per 2017 Qualified Allocation Plan, Part XV-C-4.

G. Will the Development involve a federally insured mortgage?

- ☐ Yes
☐ No

If yes, which mortgage program? _____

ATTACHMENT 10: ANNUAL EXPENSE INFORMATION

ADMINISTRATIVE EXPENSES

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

MAINTENANCE EXPENSES

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

FIXED EXPENSES

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

OPERATING EXPENSES

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

SUB-TOTAL:

(Administrative Expenses + Maintenance Expenses + Fixed Expenses + Operating Expenses) \$_____

Replacement Reserves: \$_____ X _____ units = TOTAL Replacement Reserves \$_____

TOTAL ANNUAL EXPENSES: (SUB-TOTAL + Replacement Reserves): \$_____

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

ATTACHMENT 11: UNITS DESIGNED FOR SPECIAL HOUSING NEEDS
TOTAL NUMBER OF UNITS DESIGNED FOR: MANDATORY

	Persons with Disabilities	Elderly	Homeless	Other Describe
Building 1				
Building 2				
Building 3				
Building 4				
Building 5				
Building 6				
Building 7				
Building 8				
Building 9				
Building 10				
Building 11				
Building 12				
Building 13				
Building 14				
Building 15				
Building 16				
Building 17				
Building 18				
Building 19				
Building 20				
Total For Development				

For reporting purposes only. List the number of units for each building.

ATTACHMENT 12: DEVELOPMENT SCHEDULE

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

**ATTACHMENT 13: VERIFICATION OF COMPLIANCE
FOR EXISTING TAX EXEMPT BOND PROJECTS**

Development Name: _____

Development Address: _____

Development Owner: _____

List all developments in which the owner, the individuals identified on **Attachments 15A, 15B or 15C**, are involved and to which THDA made an allocation of Tax Exempt Bond Authority.

<u>Project Name / 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 14: OTHER DEVELOPMENT PARTICIPANTS (MANDATORY)

A. Contractor:

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Fax: _____

B. Management Company:

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Fax: _____

C. Consultant:

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Fax: _____

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

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Fax: _____

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

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Fax: _____

**ATTACHMENT 15A: TYPE OF OWNERSHIP ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

(Submit pages of Attachment 15 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: _____

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____ %

Type of entity:

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

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

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____ %

Type of entity:

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

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

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____ %

Type of entity:

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

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

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

State of Formation: _____

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

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

		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.

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 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

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

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 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

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

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 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 Indicated 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

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

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 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

**ATTACHMENT 15B: TYPE OF OWNERSHIP ENTITY—
CORPORATION**

NAME OF OWNERSHIP ENTITY: _____

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

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

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

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

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

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 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.

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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

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 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 Manger(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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

**ATTACHMENT 15C: TYPE OF OWNERSHIP ENTITY –
LIMITED LIABILITY COMPANY**

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors/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 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: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
_____	_____	_____
Name: _____	Telephone No.: _____	Telephone No.: _____
_____	_____	_____
Address: _____	Name: _____	Name: _____
_____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
_____	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.: _____
	_____	_____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

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

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 of stockholder identified below is not an individual or a corporation 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.:	_____
_____	_____	Address:
Telephone No.:	_____	_____
_____	Name:	_____
Name:	_____	Telephone No.:
_____	Address:	_____
Title:	_____	Name:
_____	Telephone No.:	_____
Address:	_____	Type of Entity:
_____	_____	_____
Telephone No.:	_____	State of Formation:
_____	Name:	_____
Name:	_____	Address:
_____	Address:	_____
Title:	_____	Telephone No.:
_____	Telephone No.:	_____
Address:	_____	Name:
_____	_____	_____
Telephone No.:	_____	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.

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

**2017 LIHTC ATTACHMENT 16A: TYPE OF DEVELOPER ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

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

NAME OF DEVELOPER ENTITY: _____

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

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

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

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

State of Formation: _____

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

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

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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

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 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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

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 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

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

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 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 <u>Indicate the Managing Member(s), if any</u>	MANAGERS/OFFICERS <u>Indicate the Chief Manager(s), if any</u>
Name:	Name:	Name:
Address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
Telephone No.:	Address:	Address:
	Telephone No.:	Telephone No.:
Name:	Name:	Name:
Address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
Telephone No.:	Address:	Address:
	Telephone No.:	Telephone No.:
Name:	Name:	Name:
Address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
Telephone No.:	Address:	Address:
	Telephone No.:	Telephone No.:

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

**ATTACHMENT 16B: TYPE OF DEVELOPER ENTITY –
CORPORATION**

NAME OF DEVELOPER ENTITY: _____

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

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

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

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

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

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

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

State of Formation: _____

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

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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	MEMBERS <u>Indicate the Managing Member(s), if any</u>	MANAGERS/OFFICERS <u>Indicate the Chief Manager(s), if any</u>
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
	_____	_____
	Telephone No.: _____	Telephone No.: _____
	_____	_____
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
	_____	_____
	Telephone No.: _____	Telephone No.: _____
	_____	_____
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
	_____	_____
	Telephone No.: _____	Telephone No.: _____
	_____	_____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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

		Telephone No.:

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

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 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: _____
_____	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: _____
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: _____
_____	Address: _____	Address: _____
Telephone No.: _____	_____	_____
_____	Telephone No.: _____	Telephone No.: _____
_____	_____	_____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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

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 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

**ATTACHMENT 16C: TYPE OF DEVELOPER ENTITY –
LIMITED LIABILITY COMPANY**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors/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 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: _____ 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.: _____

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

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

State of Formation: _____

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

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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 you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

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 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: _____

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

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

Indicate if the LLC listed above is: ☐ Member Managed ☐ Manager Managed ☐ Board

ATTACHMENT 17: DISCLOSURE FORM

In connection with an Initial Application submitted to the Tennessee Housing Development Agency requesting an allocation of 2017 Tax Exempt Bond Authority, I, the undersigned, being duly sworn, hereby certify as follows:

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, 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

- ☐ An entity with which I am or have been affiliated in an ownership or decision making capacity, has 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 entity involved, federal agency, action taken by the agency and activity that resulted in the fine, suspension, or debarment]:

Note: A fully executed **Attachment 17, Disclosure Form**, must be included for each individual identified in **Attachment 15A, 15B or 15C** and for each individual identified in **Attachment 16A, 16B or 16C**.

4. ☐ I have not filed 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 was made, circumstances that lead to the filing]:
-
-
5. ☐ No entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof or has had a bankruptcy discharged within the past four (4) years; OR
- ☐ An entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof or has had a bankruptcy discharged within the past four (4) years and the details are as follows [specify entity, date of filing, type of filing, court in which filing was made, circumstances that lead to 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 licensed 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 suspension(s)]:
-
-
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 suspension(s)]:
-
-

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 Tax Exempt Bond Program. I further acknowledge that the statements contained in this Attachment 17 are statements of substance made for the purpose of influencing THDA to award Tax Exempt Bond Authority to the Initial Application of which this Attachment 17 is a part.

Signature

Date

Type or Print Name

STATE OF _____)

COUNTY OF _____)

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

Witness my hand and seal, at office, this _____ day of _____, 2017.

Notary Public

[SEAL]

My Commission Expires: _____

ATTACHMENT 18: FORM OF BOND PURCHASE AGREEMENT LETTER
Submit on Bond Purchaser's Letterhead

Date: _____

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

ATTN: Tax Exempt Multifamily Bond Authority

RE: _____ (“Issuer”)

\$_____ Tax Exempt Multifamily Housing Revenue Bonds

Name of Development _____

Address of Development _____

We are providing this letter in conjunction with an application made by the Issuer and the developer of the referenced development for an allocation of 2017 volume cap to allow the issuance of the referenced bonds.

We are pleased to confirm our commitment to purchase \$_____ par amount of tax-exempt revenue bonds (“Bonds”). The interest rate will be set at the time of sale and final maturities will be determined based on the type of credit enhancement secured.

Pricing is expected to occur on _____, 2017, with execution of a purchase agreement on or before _____, 2017. Delivery of the Bonds is expected to occur on or before _____, 2017. The conditions of our commitment to purchase the Bonds are limited to and based on (1) receipt of an Inducement Resolution from the Issuer; (2) receipt of a volume cap allocation from THDA in the amount of \$_____; (3) approval of all bond documentation; (4) acceptable legal opinions from _____ as bond counsel and from _____ as underwriter’s counsel; and (5) issuance and delivery of the Bonds on or before _____, 2017.

Name: _____

Title: _____

ATTACHMENT 19: ELECTION OF LOW-INCOME HOUSING TAX CREDIT RATE

Development Name: _____

Development Location: _____

THDA ID Number: _____

Section 42(b)(1)(A) of the Internal Revenue Code of 1986, as amended, allows a building to which Section 42(h)(4)(B) applies to elect the tax credit percentage in effect during either: (1) the month in which the building is placed in service; or (2) the month in which the tax-exempt obligations are issued [Section 42(b)(1)(A)(ii)(II)].

In order to elect the tax credit percentage in effect during the month in which the tax-exempt obligations are issued, the applicant must:

- (1) complete, execute, and date this 2017 Attachment 19;
- (2) have this 2017 Attachment 19 properly notarized; and
- (3) submit this completed, executed, dated, and properly notarized 2017 Attachment 19 to THDA
**SO THAT THIS 2017 ATTACHMENT 19 IS RECEIVED BY THDA NO LATER THAN
THE FIFTH CALENDAR DAY OF THE MONTH AFTER THE MONTH IN WHICH
THE TAX-EXEMPT OBLIGATIONS WERE ISSUED.**

The applicant must retain a copy of this 2017 Attachment 19 for its records and file an additional copy with its IRS Form(s) 8609 for the first taxable year with regard to which Low-Income Housing Tax Credit is claimed.

This 2017 Attachment 19 is to be completed and returned ONLY if the applicant elects the tax credit percentage in effect during the month in which the tax-exempt obligations are issued. If this 2017 Attachment 19 is not completed and returned in accordance with the instructions above, the tax credit percentage in effect during the month in which the building is placed in service will be used.

THIS ELECTION IS IRREVOCABLE.

[signature on next page]

Pursuant to Section 42(b)(1)(A)(ii)(II) of the Internal Revenue Code of 1986, as amended, the applicant hereby elects to use the tax credit percentage in effect for the month in which the tax-exempt obligations were issued. The tax-exempt obligations were issued in _____ [INSERT MONTH] of 2017.

OWNERSHIP ENTITY: _____

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 applicant, 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 _____, 2017.

Notary Public

[SEAL]

My Commission Expires: _____

ATTACHMENT 20: FORM OF CLOSING CONFIRMATION LETTER
Submit on Bond Counsel's Letterhead

Date:_____

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

Re: (Identify Bonds Issued) (the "Bonds")

Ladies and Gentlemen:

We served as bond counsel in connection with the Bonds. This letter is to confirm the following information:

1. The Bonds relate to (name and location of development) owned by (name of ownership entity).
2. The referenced owner received an allocation of tax exempt bond authority from THDA in the amount of \$_____ (TN____ - _____) (the "Allocation").
3. Use one of the following statements:

The Bonds were issued using the full amount of the Allocation.

OR

The Bonds were issued using \$_____ of the Allocation.
4. The Bonds were issued and sold and the sale occurred on (specify date).
5. The closing was not in escrow and was not conditional.

Name and Signature of Bond Counsel

ATTACHMENT 21: FORM OF ARCHITECT'S CERTIFICATION

Submit on Architect's Letterhead

Date: _____

Tennessee Housing Development Agency
Attention: Multifamily Division
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 design architect with respect to the referenced Development. As required in the Tennessee Housing Development Agency Multifamily Tax Exempt Bond Authority Program Description for 2017 (the "PD"), I am providing the following certifications to meet part of the requirements of the Tennessee Housing Development Agency ("THDA") in connection with accepting a Commitment.

I hereby certify 1, 2, 3, and 4 below are required. My certification of 5 through 10, as applicable, is to support the points claimed and awarded to the Initial Application involving the Development (check all that apply):

1. One hundred percent (100%) of the "covered multifamily dwellings" (as defined in the Fair Housing Act) in the Development are designed to meet the requirements of the Fair Housing Act.
2. All "public accommodations" (as defined in the Americans with Disabilities Act) are designed to meet the requirements of the Americans with Disabilities Act.
3. The Development is designed with hardwired smoke detectors, with battery backup, in the bedroom areas of all units.
4. The Development is designed to meet the following (check at least one):
 - ☐ All applicable local building codes (for developments in localities with building codes).
 - ☐ 2009 International Building Code (for new construction of multi-family apartments of 3 or more units in localities with no building codes).
 - ☐ 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).
 - ☐ 2009 International Existing Building Code and 2009 International Property Maintenance Code (for rehabilitation of rental units in localities with no building codes).

5.____ The Development involves rehabilitation and, as designed, rehabilitation hard costs for the Development are expected to be \$_____ and total development costs are expected to be \$_____.

6.____ The Development as designed will upon completion of all rehabilitations meet:

☐ The Development involves **substantial preservation or rehabilitation** and will be rehabilitated so that, upon completion of 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 must be no less than the greater of thirty percent (30%) of building acquisition costs or \$11,000 per unit.

☐ The Development involves **moderate preservation or rehabilitation** and will be rehabilitated so that, upon completion of all rehabilitation, rehabilitation hard costs must be 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 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 involves **limited preservation or rehabilitation** and will be rehabilitated so that, upon completion of all rehabilitation, rehabilitation hard costs must be 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.

7.____ The Development is designed to promote energy conservation by meeting the standards of the 2009 International Building Code (for new construction).

8.____ The Development is designed to use one or more of the following on the exterior of each building making up the Development and will meet a 15-year maintenance-free exterior standard (for new construction) (check all that apply):

- ☐ brick
- ☐ stone
- ☐ cement fiber siding
- ☐ vinyl

9.____ The Development is designed 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 (for new construction) (check all that apply):

- ☐ brick
- ☐ stone
- ☐ cement fiber siding

10.____ The Development is designed and will be built to serve special populations:

A. ☐ Residence Preference for Households with Children. The development is designed and will be built to have a minimum of 20% of the units in the development (rounded up to the nearest whole unit) having 2 or more bedrooms. The development is designed and will be built to include 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; or
- ☐ Appropriately sized computer room containing at least 1 computer with free internet access for each 50 units; or
- ☐ Ball court, separate from all parking areas, incorporating permanent fixtures and a minimum of 1,600 square feet of concrete or paved surface.

OR

B. ☐ Residence Preference for Households with Special Housing Needs. The development is designed and will be built to include 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:

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

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 Initial Application, remains eligible for 2017 Multifamily Tax Exempt Bond Authority ("Bond Authority"). 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 Bond Authority Program. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Bond Authority to the Development Owner for the Development.

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

ATTACHMENT 22A: CERTIFICATION REGARDING 100-YEAR FLOOD PLAIN

**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 Name

Signature

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

ATTACHMENT 22B: CERTIFICATION WITH REGARD TO 100-YEAR FLOOD PLAIN

**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)

STATEMENT OF APPLICATION AND CERTIFICATION FOR OWNERSHIP ENTITY

Development Name: _____ (the "Development")

Ownership Entity: _____ (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 Initial Application for Tax Exempt Bond Authority 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 Tax Exempt Bond Authority ("Bond Authority") 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 2017 Tax Exempt Bond Authority Program Description (the "2017 PD").
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 2017 PD.
4. I acknowledge and affirm each of the following:
 - a. This Application will not be eligible for bond authority and will be withdrawn if satisfactory information and/or materials are not supplied to THDA in accordance with the 2017 PD.
 - b. Any allocation of bond authority, or the amount thereof, if any, is subject, in all respects, to (i) all requirements of the 2017 PD; and (ii) all requirements of Section 142 of the Code and all Regulations.
 - c. As required by Section 142 of the Code, THDA will evaluate the amount of bond authority appropriate for the Development, if any, in connection with the Application.
 - d. An allocation of bond authority by THDA is not a warranty or representation that the referenced Development meets Code requirements applicable to bond authority.
 - e. THDA has made no representations about the effects of bond authority upon my taxes or that of any other person connected with this Development.
 - f. Neither THDA nor any of its directors, officers, employees and agents are responsible or liable for any representations made in connection with the bond authority program.
 - g. I assume the risk of all damages, losses, costs and expenses related to participation in the bond authority program and agree to indemnify and save harmless THDA and all of its directors, officers, employees and agents 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 bond authority or the use of information related to the bond authority program.

- h. Any misrepresentations in any materials or documentation submitted to THDA to induce THDA to allocate bond authority to the Development Owner for the Development may result in a reduction or withdrawal of bond authority THDA, a bar on future program participation, and/or notification of the Internal Revenue Service.
5. 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 bond authority program is true, correct, and complete and is truly descriptive of the Development.
6. 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 Tax Exempt Bond Authority. 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 bond authority 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 bargainor, and that she/he, as such _____, executed the foregoing instrument for the purpose therein contained, by signing the name of the _____ by herself/himself as _____.

Witness my hand and seal, at office, this _____ day of _____, 2017.

Notary Public

My Commission Expires: _____

[SEAL]

2017 HUD INCOME LIMITS

**WHEN AVAILABLE, THE 2017 INCOME LIMITS WILL BE POSTED ON THE INTERNET
AT THE ADDRESS BELOW:**

[HTTP://WWW.HUDUSER.ORG/DATASETS/IL.HTML](http://www.huduser.org/datasets/il.html)

MUNICIPAL ISSUERS REGISTRY

Chattanooga

Chattanooga Health Education & Housing Board

Williams Bulls, Board Chairman
C/O Phillip A. Noblett, City Attorney
100 E. 11th Street, Suite 200
Chattanooga, TN 37402
P: 423-643-8250
F: 423-543-8255
Email: noblett@mail.chattanooga.gov

City of Chattanooga

Daisy Madison, Admin & City Finance Office
Municipal Building, Room 101
101 E. 11th Street
Chattanooga, TN 37402
P: 423-757-5232
F: 423-757-0681
Email: chattanooga.gov.finance

Hamilton County

Louis Wright, Finance Administration
300 Mayfield Annex
123 E. Seventh Street
Chattanooga, TN 37402
P: 423-209-6330
F: 423-209-6301
Email: louisw@mail.hamiltontn.gov

Clarksville

City of Clarksville

Ben Griffin, Commissioner of Finance
One Public Square, Suite 300
Clarksville, TN 37040
One Public Square
F: 931-553-2471
Email: ben.griffin@cityofclarksville.com

Montgomery County

Erinne Hester, Accounts & Budgets
P.O. Box 368
Clarksville, TN 37401-0368
P: 931-648-5705
F: 931-553-5150

Gallatin Sumner County

Sumner County Finance Department

David Lawing, Finance Director
355 N. Belvedere Drive, Room 302
Gallatin, TN 37066
P: 615-451-6026
F: 615-230-6392

Jackson

City of Jackson

Karen, Bell, Director of Finance
101 E. Main Street
Jackson, TN 38301

Johnson City

Johnson City Health & Education Facilities Board

Janet Jennings, Finance Director
601 E. Main Street
Johnson City, TN 37606
P: 423-434-6000
F: 423-434-6087

Kingsport

Sullivan County Health Education & Housing Facilities Board

Hunter, Smith Davis
Mark Dessauer, Esquire
P.O. Box 3740
Kingsport, TN 37664
P: 423-378-8840
F: 423-378-8801
Email: dessauer@hsdlaw.com

Knoxville

City of Knoxville

Eddie Mannis, Deputy to Mayor
City County Building-Room 681
Knoxville, TN 37901-1631
P: 865-215-2086
F: 865-215-2277
Email: emannis@cityofknoxville.org

Tennessee Energy Acquisition Corporation

Mark McCutchen, Investor Relations
1808 Ashland City Road, Suite A
Clarksville, TN 37043-6441
P: 931-920-3499
F: 931-920-3503
Email: mmccutchen@teac-gas.com

Williamson County

Rogers Anderson, County Mayor
David L. Coleman, Budget Director
1320 W. Main Street, Suite 125
Franklin, TN 37064
P: 615-790-5700
F: 615-790-5818
Email: davidc@williamson-tn.org

Maryville**Blount County Public Building Authority**

341 Court Street
Maryville, TN 37804
P: 865-273-5702
F: 865-273-5705
Email: arippetoe@blounttn.org

McMinnville**McMinnville & Warren County Economic**

Development Board
110 S. Court Square
McMinnville, TN 37110
P: 931-474-4769
F: 931-473-4741

Memphis**The Health, Educational and Housing Facility****Board of the City of Memphis**

65 Union Avenue, Suite 1200
Memphis, TN
Monica Hagler-Tate, Chair
Daniel T. Reid, Board Member
C/O Charles E. Carpenter, Counsel
Email: charles@386beale.com
P: 901-527-6400
F: 901-5527-6405

Bill Thompson, SVP

104 N. Seven Oaks Drive
Knoxville, TN 37922
P: 865-342-5125
P: 800-337-6884
F: 865-218-1013

Knox County Government**Department of Finance**

Suite 630
Knoxville, TN 37902
P: 865-215-2350
F: 865-215-2352

The Health Educational & Housing Facility**Board of the County of Knox**

17 Market Square #201
Knoxville, TN 37902-1405
P: 865-546-5887

Nashville**The Health and Educational Facilities Board
of the Metropolitan Government of Nashville &
Davidson County, Tennessee**

Stephen L. Meyer
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Montgomery County Public Building Authority

Tennessee County
Services Loan Program
226 Capitol Boulevard, Suite 505
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Email: wmorrell@tmbf.net

Clarksville Public Building Authority**c/o Tennessee Municipal Bond Fund**

226 Capitol Boulevard, Suite 505
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City of Memphis

City Hall, Room 368
125 N. Main Street
Memphis, TN 38103
P: 901-576-6657
F: 901-576-6394

Memphis & Shelby County Sports Authority

160 N. Main Street, Suite 850
Memphis, TN 38103
P: 901-545-4500
F: 901-545-4759

Memphis-Shelby County Airport Authority

Forrest B. Artz
2491 Winchester Road, Suite 113
Memphis, TN 38116-3856
P: 901-922-8000
F: 901-922-8099
Email: forresta@mscaa.com

Shelby County

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Shelby County Health, Educational & Housing Facility Board

Stephen L. Anderson, Esquire
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Robertson**The Industrial Development Board of the County of Robertson, Tennessee**

C/O Jonathan Garner, Counsel
503 West Court Sq.
Springfield, TN 37172
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F: 615-382-0458
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Nashville Airport Authority

Stan Van Ostran, CFO
One Terminal Drive, Suite 501
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F: 615-275-4004
Email: stan_vanostran@nashintl.com

Nashville-Davidson County Metro Government

Richard Riebeling
106 Metro Courthouse
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Nashville-Davidson Metropolitan Health & Education Board

2601 Bransford Avenue
Nashville, TN 37204
P: 615-259-8419
F: 615-259-8418

Murfreesboro**Rutherford County**

Lisa Nolen, Finance Director
Historic Courthouse, Suite 200
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Email: lnolen@rutherfordcounty.org

Sevierville**Sevier County Public Building Authority**

P.O. Box 4630
Sevierville, TN 37864
P: 865-453-2877
F: 865-453-5152