EXHIBIT B - 1 TRANSFER OR SALE OF OWNERSHIP INTEREST

If you plan to transfer or sell an ownership interest in a building which was previously allocated low income housing credits you are required to provide THDA with information concerning the new ownership entity 30 days prior to the sale or transfer. Attach a new organizational chart, a copy of the signed sales contract and any other options related to the transaction with this completed form to:

Multifamily Programs Division Tennessee Housing Development Agency 502 Deaderick Street, Third Floor Nashville, Tennessee 37243-0900

Property Identification	Number: TN		
Development Name:			
Street Address:			
City:		Zip Code:	
Current Ownership I	Entity Information		
Ownership Entity:			
Taxpayer ID No.:			
Address:			
City:		State: Zip Code:	
		State. Zip Code.	
Ownership Contact:			
Email:			
Telephone No.:			
Successor Ownersh	ip Entity Information		
Date of Transaction:			
New Ownership Entity	/ Name:		
Type of Ownership Er	ntity: Partnership	Corporation Limited Liability Company	y
Taxpayer ID No.:			
Address:			
City:		State: Zip Code:	
СОМР	LETE Successor Ownership	Entity Information on Next Page	

Property Information

EXHIBIT B - 1 TRANSFER OR SALE OF OWNERSHIP INTEREST PAGE 2

Ownership Contact:				
Email:				
Telephone No.;				
Descript by New Owner to Obi	-:- TUDA On lina □	towarting /TUOMAS/UC	MC\ A:ithoriz	
Request by New Owner to Obt	JIN TUDA OH-IIHE K	eporting (Tholias/noi	VIS) Authoriza	ation
Date of Request:				
Individual Requesting Access:				
Email:				_
Will the Management Compan	, change as a resul	t of this transaction:	YES:	NO:
will the management compan	Change as a resur	t of tills transaction.	ILO.	110.
O THE REST MAN AND AND AND AND AND AND AND AND AND A	21			
Complete If the Management (ompany Changes			
Date of Transaction:	<u> </u>			
Management Company:				
Taxpayer ID No.:				
Management Contact:				
Email:				
Telephone No.:				
Authorized Signatures:				
Date of Transaction:				
Exiting Ownership Contact:				
Entering Ownership Contact:				

EXHIBIT B - 2 MANAGING GENERAL PARTNER CHANGE OR TRANSFER OF GENERAL PARTNER INTERESTS

If you plan to identify a new managing General Partner of the Ownership Entity, provide THDA with information concerning the new managing General Partner approximately 30 days prior to the transfer. Attach a copy of the amended and restated partnership agreement to this completed form. If you plan to transfer General Partner interests, provide THDA with information on the new General Partner approximately 30 days prior to the transfer. Attach the new organizational chart, a copy of the amended and restated partnership agreement and any other documents related to the transaction with this completed form to:

Multifamily Programs Division
Tennessee Housing Development Agency
502 Deaderick Street, Third Floor
Nashville, Tennessee 37243-0900

Building	g Identification	Number(s): TN						
Develo	pment Name:								
	Address:								
City:	1000.					Zip Code:			
Oity.						Zip Oode.			
		O	0						
LOW-IN	come Housing	g Credit (Jwnersnip E	ntity					
Owners	ship Entity:								
Тахрау	er ID No.:								
Addres	s:								
City:					State:		Zip	Code:	
	f Ownership En which applies):		General	Lim	nited	Limited Liability			d Liability d Partnership
Owners	ship Contact:								
Email:									
Telepho	one No.:								
For Ch	ange of Mana	ging Gen	eral Partner						
	Transaction:								
New Ma	anaging Gener	al Partne	r:						
	er ID No.:								
Email:	<u> </u>								
	one No.:								

HO-0419 Exh-B-2 Managing GP Change or Transfer of GP Interests (Rev 8/18)

Development Information

EXHIBIT B - 2 MANAGING GENERAL PARTNER CHANGE OR TRANSFER OF GENERAL PARTNER INTERESTS Page 2

For Change or Transfer of Ger	neral Partner	Interests				 	_
Date of Transaction:						 	
New General Partner:						 	
Taxpayer ID No.:						 	
Ownership Contact:							
Email:							
Telephone No.:							
	-	(T.101110)	10110) 4 41				
Request to obtain THDA On-lin	ne Reporting	(THOMAS/I	ICMS) Auth	orization		 	
Date of Request:						 	
Individual Requesting Access:						 	
Email:						 	
Will the Management Compan Complete when change in Man					YES:	NO:	
Date of Transaction:						 	
Management Company:						 	
Taxpayer ID No.:						 	
Management Contact:						 	
Email:						 	
Telephone No.:						 	
Authorized Signatures:							
Date of Transaction:							
Exiting Ownership Contact:							
Entering Ownership Contact:							

EXHIBIT B - 1 TRANSFER OR SALE OF OWNERSHIP INTEREST

If you plan to transfer or sell an ownership interest in a building which was previously allocated low income housing credits you are required to provide THDA with information concerning the new ownership entity 30 days prior to the sale or transfer. Attach a new organizational chart, a copy of the signed sales contract and any other options related to the transaction with this completed form to:

Multifamily Programs Division
Tennessee Housing Development Agency
502 Deaderick Street, Third Floor
Nashville, Tennessee 37243-0900

Property Identification Num	nber: TN			
Development Name:				
Street Address:				
City:		Zip Code:		
			·	
Current Ownership Entity	/ Information			
Ownership Entity:				
Taxpayer ID No.:				
Address:				
City:		State:	Zip Code:	
Ownership Contact:		,	1 = p = 0 = 0 = 0	
Email:				
Telephone No.:				
Successor Ownership En	itity Information – Identi	ify the Percentage o	f Ownership	%
Date of Transaction:				
New Ownership Entity Nam	ne:			
Type of Ownership Entity:	Partnership	Corporation	Limited Liab	oility Company
Taxpayer ID No.:				
Ownership Contact:				
Email:				
Telephone No.;				

Property Information

EXHIBIT B - 1 TRANSFER OR SALE OF OWNERSHIP INTEREST PAGE 2

Successor Ownership Entity	Intori	mation – Iden	itify	tne Percentage	OT OW	/nersnip		<u>%</u>
Date of Transaction:								
New Ownership Entity Name:			ı		1			
Type of Ownership Entity:		Partnership		Corporation	Lin	nited Liabilit	y Comp	any
Taxpayer ID No.:								
Ownership Contact:								
Email:								
Telephone No.;								
			_		0/1101			
Request by New Owner to Obt	ain T	HDA On-line	Rep	oorting (THOMA	S/HCN	IS) Authoriz	zation	
Date of Request:								
Individual Requesting Access:								
Email:							1	
Will the Management Company	y cha	nge as a resu	ult c	of this transaction	on:	YES:	NC): <u> </u>
Complete If the Management C	Comp	any Changes	;					
Date of Transaction:								
Management Company:								
Taxpayer ID No.:								
Management Contact:								
Email:								
Telephone No.:								
Authorized Signatures:								
Date of Transaction:								
Exiting Ownership Contact:								
Entering Ownership Contact:								