

GENERAL PARTNER CAPACITY

Proposed Development: _____

Location: _____

General Partner: _____

Address: _____

Telephone Number: _____

Development Name	Location	Total Project Cost	No. of Units	Owned or Managed	Status of Development

The list of developments shown above is an accurate representation of the rental housing developments in which _____ is the General Partner. By completing and signing this form, I acknowledge that the above is a **COMPLETE listing of developments owned, managed or under construction.** (Use multiple pages if necessary to list all developments)

General Partner (please print or type): _____

Signature: _____ Date: _____

**CERTIFICATION OF GENERAL PARTNER EXPERIENCE
OUTSIDE PENNSYLVANIA,**

*****IF THERE IS MORE THAN ONE GENERAL PARTNER, PROVIDE SEPARATE FORM FOR EACH*****

Proposed Development: _____

General Partner: _____

Management Agent: _____

Tax Credit Number	Development Name	Location	Type of Development	No. of Units	Owned or Managed	Date 8609 Issued

The list of developments shown above is a **COMPLETE** and accurate representation of **ALL** the rental housing developments owned, managed or under construction by the General Partner in the state of _____. **(USE MULTIPLE FORMS IF NECESSARY TO LIST ALL DEVELOPMENTS)** By completing and signing this form, I acknowledge that the General Partner listed above intends to participate in the team of this proposal as General Partner.

General Partner (please print or type): _____

Signature: _____ Date: _____

State Housing Credit Agency Conformation:

By signature below, I verify that the information in the above chart is correct.

Name of Representative: _____

Agency/Department Name: _____

Agency/Dept. Address: _____

Telephone Number: _____

Signature: _____ Date: _____

CERTIFICATION OF HOUSING CONSULTANT EXPERIENCE

Proposed Development: _____

Location: _____

Housing Consultant: _____

Address: _____

Telephone Number: _____

Tax Credit Number	Development Name	Location	Type of Development	# of Units	Placed in Service Date

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Housing Consultant. By completing and signing this form, I acknowledge that _____ intends to participate in the development team as Housing Consultant.

Housing Consultant (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

Type/Print Name of Signer: _____

**CERTIFICATION OF HOUSING CONSULTANT EXPERIENCE
OUTSIDE PENNSYLVANIA,**

Proposed Development: _____

Housing Consultant: _____

Tax Credit Number	Development Name	Location	Type of Development	No. of Units	Owned or Managed	Date 8609 Issued

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Housing Consultant. in the state of _____. **(USE MULTIPLE FORMS IF NECESSARY TO LIST ALL DEVELOPMENTS)** By completing and signing this form, I acknowledge that the Housing Consultant listed above intends to participate in the team of this proposal as Housing Consultant.

Housing Consultant (print or type): _____

Signature: _____ Date: _____

State Housing Credit Agency Conformation:

By signature below, I verify that the information in the above chart is correct.

Name of Representative: _____

Agency/Department Name: _____

Agency/Dept. Address: _____

Telephone Number: _____

Signature: _____ Date: _____

Applicant / Housing Consultant Certification

Proposed Development: _____

_____ As the applicant I certify that we are working with the following Housing Consultant on the above listed project.

Housing Consultant: _____

_____ As the Applicant, I certify that we are not working with a Housing Consultant on the above listed project.

Applicant (please print or type): _____

Signature: _____ Date: _____

Co- Applicant (please print or type): _____

Signature: _____ Date: _____

**CERTIFICATION OF MANAGEMENT AGENT EXPERIENCE
(Required for ALL Applications)**

Property Name: _____
Property Address: _____
Name of Owner: _____
Name of Agent (Company): _____
Address: _____
Contact Person: _____
Phone Number: _____
Email address: _____

If you have a Partner / Mentor for this proposed development, provide the contact information below.

Company Name: _____	Contact: _____
Address: _____	Email: _____
_____	Phone: _____

On next page, provide information on **ALL** tax credit properties that you have directly and successfully administered all management functions for two (2) full years. See key below. (Use as many pages as necessary)

***Financing Types: (use abbreviations)**

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------|
| HUD = HUD financing (describe type) | RHS = Rural Housing Service financing |
| PH = PennHOMEs (Agency HOME or Reserves financing) | AHP = Federal Home Loan Bank Affordable Housing Program Funds |
| HOME = Federal HOME funds from a source other than the Agency | CON = Conventional Market Rate financing |
| MTG = PHFA Mortgage | NHTF = National Housing Trust Funds |
| SL = PHFA Support Loan | CMF = Capital Magnet Funds |
| TC = Tax Credits | Other = Attach explanation |

****Occupancy Type:** Family, Elderly, Special Needs, etc.

*****Property Type:** New Construction, Preservation, other (describe)

QUESTIONNAIRE

1. If the Management Agent manages Tax Credit Properties:
- A. How many 8823's filed on the property are currently uncorrected / open? _____
- B. Of the above identified 8823's, are there any that remain uncorrected more than six months from the date of the Agency notification letter? If yes, attach an explanation.
- Yes No N/A
2. If the Management Agent manages HUD assisted properties:
- A. In the last five years how many properties have received a REAC score under 60? _____
- B. In the last five years how many properties have reached an MOR score below satisfactory? _____
- C. Does the Management Agent have any current flags in HUD's 2530 National Participation system? Yes No
3. If the property under consideration is involved in the preservation or rehabilitation of existing housing units, does the Management Agent have experience with the federal Uniform Relocation Act?
- Yes No N/A
4. Is there a common interest or ownership between the property owner and Management Agent? If yes, describe. Yes No
-
5. Is the Management Agent a subsidiary of another corporation? If yes, provide the name of the parent corporation and explain the relationship Yes No
-
6. Have any properties under the Management Agent been unable to meet property financial obligations, i.e., utility and vendor payments, debt service? If yes, explain. Yes No
-
7. Has the Management Agent or its personnel been involved in government or judicial action concerning a violation of Fair Housing laws in the past five years? If yes, explain. Yes No
-
8. Has the Management Agent ever been in violation of any Housing Accessibility or Non-Discrimination Laws? If yes, explain. Yes No
-
9. Within the past ten years has the Management Agent been debarred or received a limited denial of participation by any federal or state agency from participating in any multi-family development program? If yes, explain. Yes No
-

10. Has the Management Agent (or any of its principals or affiliates) ever had a denial of participation from HUD or been debarred, suspended or voluntarily excluded from participation in any federal or state program? If yes, explain. Yes No

11. Has the Management Agent (or any of its principals or affiliates) participated in the operation of a project that experienced a default? If yes, provide the number of developments and explain (including the name and location of the development, circumstances surrounding each default, cure, workout and mortgage modification arrangements, assignments, foreclosures, etc.). Yes No

12. Has the Management Agent ever filed a petition of bankruptcy or has a petition of bankruptcy ever been filed against the management agent? If yes, explain. Yes No

13. Have any of the Management Agent's property contracts been terminated prior to expiration or not renewed upon expiration? If yes, explain. Yes No

14. Has the Management Agent ever refused housing to Section 8 voucher and certificate holders or recipients of any state or local tenant- or project-based assistance? If yes, explain. Yes No

15. Has the Management Agent ever evicted or terminated the tenancy of low- income residents except for good cause? If yes, explain. Yes No

16. Describe the amount of the Management Agent's fidelity bond and the name of the bonding company.
***A fidelity bond is required to be an approved PHFA Management Agent.*

17. List all relevant professional organizations of which the Management Agent is a member.

18. ***Attach a copy of the Management Agent's Broker License or the attorney opinion letter to this Questionnaire.***

Management companies that manage and lease real estate in Pennsylvania are required to have a Pennsylvania Real Estate Broker's License pursuant to the Real Estate Licensing and Registration Act (RELRA). If the management agent does not have a real estate broker's license, an attorney's opinion letter must be provided detailing how the agent qualifies to manage the property absent a broker's license (in compliance with RELRA).

I hereby certify that the information above and any attached explanations are true and correct. I understand that any misrepresentation, false information or omission may result in disqualification of this application and any other involving the same owner(s), principal(s), consultant(s) and/or application preparer(s).

Management Agent (please print or type)

Signature

Date

Name of Signer (please print or type)

General Partner Signature

Date

**The following certifications will be accepted by the Agency*:
Affordable Housing Programs**

Training & Consulting Organizations

<p>A. J. Johnson Consulting Services, Inc. 3521 Francis Berkeley Williamsburg, VA 23188 757.259.9920 www.ajjcs.net</p>	<p>M&L Compliance Management 2 Kacey Court, Suite 201 Mechanicsburg, PA 17055 717.731.1161 www.mlcm.net</p>	<p>Pennsylvania Housing Finance Agency- Multifamily Affordable Hsg. Conference 211 N. Front Street Harrisburg, PA 17101 717.780.3819 www.phfa.org</p>
<p>E&A Team Inc. PO Box 70550 Tuscaloosa, AL 35407 888.504.7483 info@eandateam.com</p>	<p>Nat'l Affordable Housing Mgmt. Assoc. 400 N. Columbus St., Suite 203 Alexandria, VA 22314 703.683.8630 www.nahma.org</p>	<p>Quadel Consulting & Training 1200 G Street, N.W., Suite 220 Washington, D.C. 20005 800.987.2581 www.quadel.com</p>
<p>Elizabeth Moreland Consulting, Inc. 6907 University Avenue, Suite 196 Middleton, WI 53562 800.644.0390 www.taxcredit.com</p>	<p>National Center for Housing Management 333 N. 1st Street, Suite 305 Jacksonville Beach, FL 32250 800.368.5625 www.nchm.org</p>	<p>Ross Business Development (RBD) 1449 Wood Park Way, NW Kennesaw, GA 30152 770.424.1806 www.rbdnow.com</p>
<p>Fair Housing Institute 3091 Holcomb Bridge Road A1 Norcross, GA 30071 770.840.7005 www.fairhouse.net</p>	<p>Novogradac & Company, LLP PO Box 7833 San Francisco, CA 94120-7833 415.356.8000 www.novoco.com</p>	<p>Roxie Munn, Inc. 2723 Hwy 86 Piedmont, SC 29673 864.380.7083 www.roxiemunn.com</p>
<p>Grace Hill 15 South Main Street, Suite 500 Greenville, SC 29601 866.472.2344 www.gracehill.com</p>	<p>PAHMA PO Box 199 Glenshaw, PA 15116-0199 412.445.8357 www.pahma.org</p>	<p>Spectrum Seminars, Inc. 545 Shore Road Cape Elizabeth, ME 04107 207.767.8000 www.spectrumseminars.com</p>
<p>Institute of Real Estate Management (IREM) 430 North Michigan Avenue Chicago, IL 60611 800.837.0706 www.irem.org</p>	<p>PennDel AHMA 600 Main Street, #7 Riverton, NJ 08077 856.786.2183 www.penndelahma.org</p>	<p>The TheoPRO Group 17035 W. Wisconsin Avenue, Suite 140 Brookfield, WI 53005 877.783.1133 www.theopro.com</p>

This list is not meant to be an all-inclusive listing of firms that provide training and or consultant services to the Affordable Housing Industry. It is provided for information purposes only. The Agency does not propose to endorse or recommend any one of the noted organizations. Interested parties should make direct contact with the organizations of choice for further information
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CERTIFICATION OF HOUSING MANAGEMENT CONSULTANT EXPERIENCE

Proposed Development: _____
 Location: _____
 Housing Management
 Consultant Company: _____
 Contact Person: _____
 Address: _____
 Email Address: _____
 Telephone Number: _____
 Name of Agent for whom
 you are consulting: _____
 Brief description of
 consulting services to be
 provided: _____

A Memorandum of Understanding (MOU) or signed contract detailing specific job duties with the contracted Consultant must be submitted with this certification.

Development Name and Tax Credit Project No.	Location (City/State)	# of Units / # TC Units	Placed in Service Date	# of Years Consulting on this Project

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Housing Management Consultant. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as Housing Management Consultant.

Housing Management Consultant
 (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

Type/Print Name of Signer: _____

CERTIFICATION OF ATTORNEY EXPERIENCE

Proposed Development: _____

Attorney: _____

Address: _____

Telephone Number: _____

Tax Credit Number	Development Name	Location	Type of Development	# of Units	Loan Closing Date

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Attorney. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as Attorney.

Attorney (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

Type/Print Name of Signer: _____

CERTIFICATION OF GENERAL CONTRACTOR EXPERIENCE

Proposed Development: _____

General Contractor: _____

Address: _____

Telephone Number: _____

Tax Credit Number	Development Name	Location	Type of Development	# of Units	Completion Date

The list of developments shown above is an accurate representation of the rental housing developments in which _____ is the General Contractor. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as General Contractor. If experience listed is not with PHFA, provide on a separate page the contact person and phone number to confirm information. **All general contractors must submit a completed AIA Document A305 Contractor's Qualification Statement, which must include a current financial statement.**

General Contractor (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

Type/Print Name of Signer: _____

CERTIFICATION OF ARCHITECT EXPERIENCE

Proposed Development: _____

Architect: _____

Address: _____

Telephone Number: _____

Tax Credit Number	Development Name	Location	Type of Development	# of Units	Completion Date

The list of developments shown above is an accurate representation of the rental housing developments in which _____ participated as the _____ Design Architect and/or _____ Construction Contract Administrator. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal by providing ___ Design Services and/or ___ Construction Contract Administration Services. (If participating as both design architect and contract administration architect, be sure to check both lines.) If experience listed is not with PHFA, provide on a separate page contact person and phone number to confirm information.

Architect (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

Type/Print Name of Signer: _____