

**CERTIFICATION OF GENERAL PARTNER EXPERIENCE
IN PENNSYLVANIA AND
SELECTION CRITERIA DEVELOPMENT TEAM ELIGIBILITY**

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

Proposed Development: _____

General Partner: _____

Tax Credit Number	Development Name	Location	Type of Development	No. of Units	Placed in Service	Date 8609 Issued

The list of developments shown above is a **COMPLETE** and accurate representation of **ALL** the rental housing developments owned by the General Partner. **(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: _____

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:

General Partner Signature: _____ Date: _____

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:

Consultant Signature: _____ Date: _____

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 MANAGEMENT AGENT EXPERIENCE
(Required for ALL Applications)**

Name and Location of Development: _____

Name of Owner: _____

Name of Agent (Company): _____

Contact Person: _____

Phone Number: _____

Email address: _____

Are you acting as the Partner / Mentor for another agent for this proposed development? If Yes, who are you contracting with?

- For the Management Agent to be deemed to have sufficient experience, they must manage at least two (2) tax credit properties and successfully administered all management functions for two (2) full years.
- To be considered for points in the selection criteria, a COMPLETE listing of ALL Tax Credit units **currently** managed must be submitted. (attach a separate list if necessary)

Tax Credit Number	Project Name	City, State	# of Units/# of Low Income Units	Financing Type(s) (see key below)	Building Occupancy Date	Length of Time Managed	Property Type: New Construction, Preservation, other (describe)

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

Other = Explain in an attachment

TC = Tax Credits (Provide Tax Credit Number)

1. If the Agent manages Tax Credit Properties:
 - A. How many 8823's have been filed on properties identified on the Agent's Experience Worksheet for an event that occurred during the Agent's tenure that remain uncorrected? _____
 - 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?
 Yes ___ No ___ N/A ___ If yes, attach an explanation.
2. If the 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. Do you 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 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 your management been unable to meet property financial obligations, i.e., utility and vendor payments, debt service? If yes, explain.
 _____ Yes _____ No _____
7. Has the 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. Within the past ten years have you 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 _____

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9. 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 _____
10. 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 _____
11. 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 _____
12. Have any of your property management contracts been terminated prior to expiration or not renewed upon expiration? If yes, explain.
- _____ Yes _____ No _____
13. Describe the amount of the agent's fidelity bond and the name of the bonding company.
***A fidelity bond is required to be an approved PHFA Management Agent.*
- _____
14. List all relevant professional organizations of which the agent is a member.
- _____
15. Attach a copy of the 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).

Complete the table below for all persons in a compliance oversight capacity with regard to the proposed project and attach copies of their Tax Credit and Fair Housing certifications.

Name/Title	Oversight Responsibility	Hours per week at site

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:	
General Partner Signature:	Date:	
Type/Print Name of Signer:		

The following certifications will be accepted by the Agency*:

Certification	Organization	Contact Information
Housing Credit Certified Professional (HCCP)	The TheoPRO Group AJ Johnson Consulting Services, Inc. National Assoc. of Home Builders M&L Compliance Management, LLC	www.theopro.com www.ajjcs.net www.nahb.org www.mlcm.net
Certified Credit Compliance Professional (C3P)	Spectrum Seminars, Inc.	www.spectrumseminars.com
Tax Credit Compliance System (TaCCS)	Quadel Consulting & Training	www.quadel.com
National Compliance Professional (NCP)	Elizabeth Moreland Consulting, Inc.	www.taxcredit.com
Tax Credit Specialist (TCS)	National Center for Housing Mgmt.	www.nchm.org
Specialist in Housing Credit Management (SHCM)	Nat'l Affordable Housing Mgmt. Assoc. PAHMA PennDel AHMA	www.nahma.org www.pahma.org www.penndelahma.org
Certified Occupancy Specialist (COS)	National Center for Housing Management	www.nchm.org
Certified Professional of Occupancy (CPO)	NAHMA	www.nahma.org
Fair Housing Certification	Fair Housing Institute Grace Hill	www.fairhousinginstitute.com www.gracehill.com
Fair Housing Compliance (FHC)	Nat'l Affordable Housing Mgmt. Assoc.	www.nahma.org
Fair Housing and Beyond	Institute of Real Estate Management	www.irem.org
Fair Housing, Section 504	Spectrum Seminars, Inc.	www.spectrumseminars.com
Fair Housing Essentials	National Center for Housing Mgmt.	www.nchm.org

*Other certifications may be accepted by the Agency, in its sole discretion.

CERTIFICATION OF HOUSING MANAGEMENT CONSULTANT EXPERIENCE

Proposed Development: _____

Housing Management Consultant: _____

Address: _____

Telephone Number: _____

Name of Agent for whom you are consulting: _____

Brief description of consulting services to be provided: _____

Tax Credit Number	Development Name	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

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: _____