## **South Carolina State Housing Finance and Development Authority - Asset Management** 300-C Outlet Pointe Blvd, Columbia, South Carolina 29210

## Notice of Intent to Transfer Partnership Interest or Ownership

evelopment Name:		Development Num	ber:	Date:	
	Curre	nt Owner Informatio	n		
Name			%Own	Tax ID	
Contact Person Name:			Contact #:		
ontact Email:					
That is the purpose of the char	nge in ownership structur	re?			
lease list all SCSHFDA	Loans for the project	::			
Loan Number	Source	Type		Maturity Date	
		71		<u> </u>	
	New or Un	dated Owner Inforn	nation		
				T	
Name			%Own	Tax ID	
antaat Darson Nama			Ca	ntaat #	
				ontact #:	
ontact Email:					
the property is changing					
New Management Company:			Fed ID:		
Contact Person Name:			Contact #:		
ontact Email:					

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Development Name:		Development Number:	Date:	
Requ	estor Information			
Person Completing Request:		P	Phone#:	
Email:				
Affiliat	ion with Current Owner:			
Please	provide the following documentation either request	:		
	☐Current Organization Chart			
	☐ Proposed Organization Chart			
	☐ If the property within the 15-year compliance per	iod, audited financials for the new part	ner or owner.	
	☐Documentation of experience for new partner or or	owner		
Please	provide the following documentation for partnershi	n changes:		
	☐ Amended or new Partnership Agreement; OR	F		
	☐ Transfer and Transition Agreement			
	□LP/LLC Organizational Documents of the new ov	vnership entity; AND		
	☐ Certificate of Good Standing from the SC Secreta	ry of State no older than 90 days from	the date of this notice	
	□ Required Fee: A \$500 transfer fee			
Please	provide the following documentation for transfer of	ownership:		
	☐ Assignment and assumption agreement			
	☐Purchase agreement			
	Resolutions from both the original borrower and t	he new entity concerning the transfer a	nd assumption of debt	
	□ Required Fee: A \$1,000 transfer fee	·	•	
Please	provide the following documentation post approval	•		
	☐Recorded contract for deed or warranty deed			
	☐Closing statement showing the sources and uses o	f funding		
	ecution and delivery of this form has been duly authori	· · · · · · · · · · · · · · · · · · ·		
	dge, will not cause a default under or conflict with any	other agreement. Owner understands	and agrees that the changes	
	ed herein must:	1		
1) 2)	Comply with the applicable Qualified Allocation Pla Not materially change the experience level described		credits were awarded unless	
2)	variations from either or both are approved by SCSH			
Agency	Approval Authorized:			
	Il be executed by the authorized person from SCSHFD	A once completed form is received, al	ong with required pre-closing	
	entation and appropriate fees:	1	1 1 1	
SCSHE	DA Signature	Date:		