

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)
Timberlake Apartments Bldg. 700
700 Timberlake View Circle
Inman SC 29349

B. Name and address of housing credit agency
SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation
Timberlake Apts., LP
607 8th Ave., PO Box 160
Aynor SC 29511
TIN# ► 58-2423739

D. Employer identification number of agency
59-1585639

E. Building identification number (BIN#)
SC9841002

- 1a. Date of allocation ► 12/31/98 b Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/4/00
6. Check the box that describes the allocation for the building (check one only):

1b.	\$48,118.45
2.	8.41 %
3a.	\$576,465.00
3b.	100 %
4.	0.00%

- a. ☐ Newly constructed and federally subsidized b. ☒ Newly constructed and not federally subsidized c. ☐ Existing Building
d. ☐ Sec. 42(e) rehabilitation expenditures federally subsidized e. ☐ Sec. 42(e) rehabilitation expenditures not federally subsidized

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► W. Turner Styons Signature of authorized official
► W. Turner Styons Name (please type or print)
► 12-31-00 Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► 1/1 b Eligible basis of building (see instructions) 7b. _____
8a. Original qualified basis of the building at close of first year of credit period 8a. _____
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60 ☐ 25-60 (N.Y.C. only)
d. Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions) ☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____ Signature
Taxpayer Identification Number
Date
► _____ Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)
Timberlake Apartments Bldg. 800
800 Timberlake View Circle
Inman SC 29349

B. Name and address of housing credit agency
SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation
Timberlake Apts., LP
607 8th Ave., PO Box 160
Aynor SC 29511
TIN# ► 58-2423739

D. Employer identification number of agency
59-1585639

E. Building identification number (BIN#)
SC9841003

- 1a. Date of allocation ► 12/31/98 b Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/23/00
6. Check the box that describes the allocation for the building (check one only):

1b.	\$48,118.45
2.	8.41 %
3a.	\$576,465.00
3b.	100 %
4.	0.00%

- a. ☐ Newly constructed and federally subsidized b. ☒ Newly constructed and not federally subsidized c. ☐ Existing Building
d. ☐ Sec. 42(e) rehabilitation expenditures federally subsidized e. ☐ Sec. 42(e) rehabilitation expenditures not federally subsidized

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► W. Turner Styons ► W. Turner Styons ► 12-31-00
Signature of authorized official Name (please type or print) Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► / / b Eligible basis of building (see instructions) 7b.
8a. Original qualified basis of the building at close of first year of credit period 8a.
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60 ☐ 25-60 (N.Y.C. only)
d. Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions) ☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____ ► _____ ► _____
Signature Taxpayer Identification Number Date
► _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Timberlake Apartments Bldg. 900
900 Timberlake View Circle
Inman SC 29349

B. Name and address of housing credit agency

SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation

Timberlake Apts., LP
607 8th Ave., PO Box 160
Aynor SC 29511
TIN# ► 58-2423739

D. Employer identification number of agency

59-1585639

E. Building identification number (BIN#)

SC9841004

1a. Date of allocation ► 12/31/98 b Maximum housing credit dollar amount allowable

2. Maximum applicable credit percentage allowable

3a. Maximum qualified basis

b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)

4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)

5. Date building placed in service ► 10/6/00

6. Check the box that describes the allocation for the building (check one only):

- a. ☐ Newly constructed and federally subsidized b. ☒ Newly constructed and not federally subsidized c. ☐ Existing Building
d. ☐ Sec. 42(e) rehabilitation expenditures federally subsidized e. ☐ Sec. 42(e) rehabilitation expenditures not federally subsidized

1b.	\$39,755.26
2.	8.41 %
3a.	\$476,273.00
3b.	100 %
4.	0.00%

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► W. Turner Styons
Signature of authorized official

► W. Turner Styons
Name (please type or print)

► 12-31-00
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a. Date building placed in service ► / / b Eligible basis of building (see instructions)

8a. Original qualified basis of the building at close of first year of credit period

b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ? ☐ Yes ☐ No

9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No

b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No

10. Check the appropriate box for each election:

a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No

b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes

c. Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60 ☐ 25-60 (N.Y.C. only)

d. Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions) ☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)
Timberlake Apartments Bldg. 1000
1000 David Duvall Ct.
Inman SC 29349

B. Name and address of housing credit agency
SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation
Timberlake Apts., LP
607 8th Ave., PO Box 160
Aynor SC 29511
TIN# ► 58-2423739

D. Employer identification number of agency
59-1585639

E. Building identification number (BIN#)
SC9841005

- 1a. Date of allocation ► 12/31/98 b Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/23/00
6. Check the box that describes the allocation for the building (check one only):

1b.	\$48,118.45
2.	8.41 %
3a.	\$576,465.00
3b.	100 %
4.	0.00%

- a. ☐ Newly constructed and federally subsidized b. ☒ Newly constructed and not federally subsidized c. ☐ Existing Building
d. ☐ Sec. 42(e) rehabilitation expenditures federally subsidized e. ☐ Sec. 42(e) rehabilitation expenditures not federally subsidized

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► W. Turner Styons Signature of authorized official
► W. Turner Styons Name (please type or print)
► 12-31-00 Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► / / b Eligible basis of building (see instructions) 7b.
8a. Original qualified basis of the building at close of first year of credit period 8a.
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60 ☐ 25-60 (N.Y.C. only)
d. Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions) ☐ 15-40

Note: A separate **Schedule A (Form 8609)**, Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► Signature Taxpayer Identification Number Date
► Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)
Timberlake Apartments Bldg. 1100
1100 David Duvall Ct.
Inman SC 29349

B. Name and address of housing credit agency
SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation
Timberlake Apts., LP
607 8th Ave., PO Box 160
Aynor SC 29511
TIN# ► 58-2423739

D. Employer identification number of agency
59-1585639

E. Building identification number (BIN#)
SC9841006

- 1a. Date of allocation ► 12/31/98 b Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/20/00
6. Check the box that describes the allocation for the building (check one only):

1b.	\$39,755.26
2.	8.41 %
3a.	\$476,273.00
3b.	100 %
4.	0.00%

- a. ☐ Newly constructed and federally subsidized b. ☒ Newly constructed and not federally subsidized c. ☐ Existing Building
d. ☐ Sec. 42(e) rehabilitation expenditures federally subsidized e. ☐ Sec. 42(e) rehabilitation expenditures not federally subsidized

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► W. Turner Styons
Signature of authorized official

► W. Turner Styons
Name (please type or print)

► 12-31-00
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► / / b Eligible basis of building (see instructions) 7b.
8a. Original qualified basis of the building at close of first year of credit period 8a.
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60 ☐ 25-60 (N.Y.C. only)
d. Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions) ☐ 15-40

Note: A separate **Schedule A (Form 8609)**, Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

OMB No. 1545-0988

Attachment
Sequence No. 36

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)
Timberlake Apartments Bldg. 1300
1300 David Duval Ct.
Inman SC 29349

B. Name and address of housing credit agency
SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation
Timberlake Apts., LP
607 8th Ave., PO Box 160
Aynor SC 29511
TIN# ► 58-2423739

D. Employer identification number of agency
59-1585639

E. Building identification number (BIN#)
SC9841007

- 1a. Date of allocation ► 12/31/98 b Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/20/00
6. Check the box that describes the allocation for the building (check one only):

1b.	\$39,755.26
2.	8.41 %
3a.	\$476,273.00
3b.	100 %
4.	0.00%

- a. ☐ Newly constructed and federally subsidized b. ☒ Newly constructed and not federally subsidized c. ☐ Existing Building
d. ☐ Sec. 42(e) rehabilitation expenditures federally subsidized e. ☐ Sec. 42(e) rehabilitation expenditures not federally subsidized

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► W. Turner Styons Signature of authorized official
► W. Turner Styons Name (please type or print)
► 12-31-00 Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► / / b Eligible basis of building (see instructions) 7b.
8a. Original qualified basis of the building at close of first year of credit period 8a.
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60 ☐ 25-60 (N.Y.C. only)
d. Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions) ☐ 15-40

Note: A separate **Schedule A (Form 8609)**, Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____ Signature
Taxpayer Identification Number
Date
► _____ Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)
Timberlake Apartments Bldg. 1400
1400 David Duvall Ct.
Inman SC 29349

B. Name and address of housing credit agency
SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation
Timberlake Apts., LP
607 8th Ave., PO Box 160
Aynor SC 29511
TIN# ► 58-2423739

D. Employer identification number of agency
59-1585639

E. Building identification number (BIN#)
SC9841008

- 1a. Date of allocation ► 12/31/98 b Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/31/00
6. Check the box that describes the allocation for the building (check one only):

1b.	\$48,118.45
2.	8.41 %
3a.	\$576,465.00
3b.	100 %
4.	0.00%

- a. ☐ Newly constructed and federally subsidized b. ☒ Newly constructed and not federally subsidized c. ☐ Existing Building
d. ☐ Sec. 42(e) rehabilitation expenditures federally subsidized e. ☐ Sec. 42(e) rehabilitation expenditures not federally subsidized

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► W. Turner Styons
Signature of authorized official

► W. Turner Styons
Name (please type or print)

► 12-31-00
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► / / b Eligible basis of building (see instructions) 7b.
8a. Original qualified basis of the building at close of first year of credit period 8a.
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60 ☐ 25-60 (N.Y.C. only)
d. Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions) ☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

► Do not file separately. The Building owner must attach Form 8586, Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions) Timberlake Apartments Bldg. 1800 1800 David Duvall Ct. Inman SC 29349	B. Name and address of housing credit agency SCSHFDA 919 Bluff Road Columbia, SC 29201
C. Name, address, and TIN# of building owner receiving an allocation Timberlake Apts., LP 607 8th Ave., PO Box 160 Aynor SC 29511 TIN# ► <u>58-2423739</u>	D. Employer identification number of agency 59-1585639 E. Building identification number (BIN#) SC9841009

1a.	Date of allocation ▶ <u>12/31/98</u>	b Maximum housing credit dollar amount allowable	1b.	\$39,755.26
2.	Maximum applicable credit percentage allowable		2.	8.41 %
3a.	Maximum qualified basis		3a.	\$476,273.00
b.	Check here ☐ if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)			
4.	Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)		3b.	100 %
5.	Date building placed in service	▶ <u>10/31/00</u>	4.	0.00%
6.	Check the box that describes the allocation for the building (check one only):			
a.	☐ Newly constructed and federally subsidized	b. ☒ Newly constructed and not federally subsidized	c.	☐ Existing Building
d.	☐ Sec. 42(e) rehabilitation expenditures federally subsidized	e.	☐ Sec. 42(e) rehabilitation expenditures not federally subsidized	

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official: W. Turner Styons Name (please type or print): W. Turner Styons Date: 12-31-00

Part II **First-Year Certification** — Completed by Building Owner for First Year of Credit Period Only

7a.	Date building placed in service ▶ <u> </u> / <u> </u> / <u> </u>	b Eligible basis of building (see instructions)	7b.
8a.	Original qualified basis of the building at close of first year of credit period		8a.
b.	Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ?	☐ Yes ☐ No	
9a.	If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?	☐ Yes ☐ No	
b.	Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?	☐ Yes ☐ No	
10.	Check the appropriate box for each election:		
a.	Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))	☐ Yes ☐ No	
b.	Elect not to treat large partnership as taxpayer (Section 42(j)(5))	☐ Yes	
c.	Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60	☐ 25-60 (N.Y.C. only)	
d.	Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions)	☐ 15-40	

Note: A separate **Schedule A (Form 8609)**, Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building ☐ has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Taxpayer Identification Number Date

▶ _____
Name (please type or print)

Taxpayer Identification Number

Date _____