

2020 EXHIBIT K-1

South Carolina State Housing Finance and Development Authority

Previous Development Syndication Compliance Certificate

I certify that I am applying to the South Carolina State Housing Finance and Development Authority (SCSHFDA) for approval to participate as a Principal in the 2020 Tax Credit Funding Cycle. This certification is being provided to all syndication entities which have a limited partnership interest in one or more of the developments listed below. This certification is to verify my experience with your company.

Signature: _____

Title: _____

Date: _____

****The following information is to be completed by the tax credit applicant:**

Name of Company or Entity this certification is for: _____

List Individuals associated with the above Company or Entity:

	General Partner	<input type="checkbox"/>	Managing Member	<input type="checkbox"/>
	General Partner	<input type="checkbox"/>	Managing Member	<input type="checkbox"/>
	General Partner	<input type="checkbox"/>	Managing Member	<input type="checkbox"/>
	General Partner	<input type="checkbox"/>	Managing Member	<input type="checkbox"/>
	General Partner	<input type="checkbox"/>	Managing Member	<input type="checkbox"/>
	General Partner	<input type="checkbox"/>	Managing Member	<input type="checkbox"/>

Listed below, or attached as a spreadsheet, are the developments, from January 1, 2010 to December 31, 2019, in which I/We/Us are the general partner(s) or managing member(s) from project inception through receipt of Certificate of Occupancy and issuance of 8609s:

Development Name	City	State	#Units	Date Completed	Funding Sources <small>(Tax Credit, Conventional, etc.)</small>	Percent Ownership Interest	Syndicator Verification (Initial Box)

****The following information is to be completed by the Syndicator or Asset Manager:**

1. For any developments listed above, that were syndicated by your company, are there major uncorrected noncompliance issues (i.e. defaults, foreclosures, non-maintenance of reserve accounts, etc.) outstanding for more than six months? Yes No If yes, provide details below:

2. From January 1, 2010 to December 31, 2019, have any of the general partner(s) or managing member(s) listed above been removed, debarred, or asked to withdraw voluntarily from a LIHTC partnership in South Carolina? Yes No Unknown If yes, please indicate individuals below:

3. From January 1, 2010 to December 31, 2019, have any of the general partner(s) or managing member(s) listed above been removed, debarred, or asked to withdraw voluntarily from a LIHTC partnership in any State? Yes No Unknown If yes, please indicate individuals and states below:

Individual	State	Individual	State

4. Are all general partner(s) or managing member(s) listed above considered to be in good standing with your company **and** would you consider doing business with them again? Yes No
If no, please indicate which individuals below:

I certify that the above information is true and correct and intended to be relied upon by the South Carolina State Housing Finance and Development Authority in the awarding of Low-Income Housing Tax Credits. I understand that the making of any false statement in connection with this certification will result in the disqualification of all proposed 2020 tax credit applications submitted by any member(s) of the development team. I have initialed the relevant box(es) on page 1 for which I am certifying.

Syndication Entity Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Representative Name: _____

Title: _____ E-mail: _____

Signature: _____

Date: _____