

FORM Limited Partnership

South Carolina State Housing Finance and Development Authority

LIMITED PARTNERSHIP	Development Name: _____
	City: _____ Zip: _____ County: _____

Name of LP: _____	LP includes the following: <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit
Address: _____	City: _____ State: _____ Zip: _____
Tax ID Number: _____ or date applied for: _____	

Partners	% Ownership
1. Name: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %
2. Name: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %
3. Name: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %
4. Name: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %
5. Name: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %

NOTE: This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.