

South Carolina State Housing Finance and Development Authority - Compliance Monitoring Division

300C Outlet Pointe Blvd, Columbia, South Carolina 29210

CURRENT OWNERSHIP AND MANAGEMENT INFORMATION - Part I

It is the owner's responsibility to notify the Authority of any change in ownership or management of the developments. A response is required in each field for information requested, or N/A is an acceptable reply for information requested that is not applicable to the property. If applicable, please check the box describing the partnership relationship. All information should be typed or printed clearly. **All areas of Parts I and II of this form must be completed and returned to the attention of** **by**

This form was completed by

Phone

The above listed person can be reached for questions or clarification of information on this report.

Property ID

Property Name

Physical Property Address/Location of Property

Mailing Address for Property

Name of Owner or Ownership Entity

Mailing Address of Owner or Ownership Entity

IRS Identification Number

Owner or Ownership Entity Contact Person #1

Phone

Fax

Email Address

**Owner or Ownership Entity Contact Person #2
(if applicable)**

Phone

Fax

Email Address

Organizational Name of Management Agent/Company

Mailing Address of Management Agent

IRS Identification Number

Management Contact Person #1

Phone

Fax

Email Address

Management Contact Person #2 (If applicable)

Phone

Fax

Email Address

Property Contact Information to be published on SCHousingSearch.com for prospective tenants:

Property Email

Property Phone

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CURRENT OWNERSHIP AND MANAGEMENT INFORMATION - Part II

Property ID Property Name

Make copies of Part II to use for additional listings. Complete the entire Part II including signing the document when additional listings are required.
*The Sum of the Total Percentage of Holding must equal 100%. Partnership and Shareholder information must be reported as of the most recent Partnership Agreement and IRS Schedule K-1 (Form 1065). If applicable, please check the box describing the partnership relationship. Do not return Partnership Agreements or Schedule K-1's, just the information requested. All information should be typed or printed clearly.

Name of Partner (Managing or Sole) Mailing Address Percentage of Holding*

IRS Identifying Number

Contact Person Phone Fax Email Address

Name of Partner (General) Mailing Address Percentage of Holding*

IRS Identifying Number

Contact Person Phone Fax Email Address

Name of Partner (Equity) Mailing Address Percentage of Holding*

IRS Identifying Number

Contact Person Phone Fax Email Address

The information in Parts I and II are complete and correct according to available property records. Total Percentage of Holdings

Signature of Owner, Signing Partner, or Officer as listed on this COMIF Date

Type or Print Name of Owner, Signing Partner, or Officer as listed on this COMIF Title of Signing Partner or Officer if Owner is not an Individual