

EXHIBIT Y

Management Experience Certification

The Proposed Management Entity, _____, certifies that its management portfolio includes the three LIHTC properties listed below and that the Proposed Management Entity has successfully and continuously managed for the previous three years ending with the date of the Tax Credit Application:

LIHTC Property Name and Address:

LIHTC Property Name and Address:

LIHTC Property Name and Address:

The Proposed Management Entity certifies that the management plan will be submitted at the time of the real estate closing, but not later than 12 months from the allocation date. The management plan must address all of the following:

- a. separation of duties and adequate supervision of employees;
- b. senior management oversight and review through internal audits;
- c. staffing dedicated to compliance reviews of tenant eligibility and programmatic documentation;
- d. approval process for evictions by consensus of senior or regional managers;
- e. physical inspection policies (frequency, generation of work orders, lease violations for housekeeping or other noncompliant resident behaviors);
- f. recordkeeping (tenant certifications, annual owner certifications, HOME Rent Approvals, if applicable, etc.);
- g. security of records containing personally identifiable and other protected information
- h. marketing plan and marketing efforts;
- i. reasonable accommodation plans and policies; and/or
- j. procedures for addressing tenant complaints.

The Proposed Entity certifies that the lead contact person for the management entity has been certified by _____ as a LIHTC compliance specialist. A copy of the certificate is attached.

The undersigned hereby certifies and acknowledges that the South Carolina State Housing Finance and Development Authority may rely upon this certification in making an allocation of tax credits.

Management Entity Representative: _____ **Date:** _____

Signature: _____