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 2015 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:

<table>
<thead>
<tr>
<th>General Partner</th>
<th>Managing Member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Listed below, or attached as a spreadsheet, are the developments, from January 1, 2007 to February 1, 2015, 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:

<table>
<thead>
<tr>
<th>Development Name</th>
<th>City, State</th>
<th># Units</th>
<th>Date Completed</th>
<th>Funding Sources (Tax Credit, Conventional, etc.)</th>
<th>% of Current Ownership Interest</th>
<th>Syndicator Verification (Initial Box)</th>
</tr>
</thead>
</table>
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, none maintenance of reserve accounts, etc.) outstanding for more than six months?  
   Yes______ No______
   If yes, provide details: ________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

2. From January 1, 2007 through February 1, 2015 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______
   If yes, please indicate which individuals:__________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

3. From January 1, 2007 through February 1, 2015 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____ Which State:____________________________________________________
   If yes, please indicate which individuals:_________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

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:___________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

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 2015 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.

Name and Address of Syndication Entity:__________________________________________________
   __________________________________________________________
   __________________________________________________________

Representative Name:_________________________________________
   Signature: _________________________________________________
   Title: _____________________________________________________
   Email Address: _____________________________________________

Date:______________