EXHIBIT K
South Carolina State Housing Finance and Development Authority
2018 Previous Participation Certificate

Proposed Development Name:_____________________________________________________

I,______________________________________________, am a General Partner ☐, a Developer ☐,
and/or a Managing Member ☐ of___________________________________________________.

(Name of Company or Entity associated with proposed development)

Each individual associated with the above Company or Entity that is a general partner, developer
or managing member must individually complete this Exhibit K form. If a General Partner,
Developer, or Managing Member of the above named company or entity does not complete and
submit a completed Exhibit K, the application will be considered incomplete.

1. From January 1, 2010 through February 1, 2018, the total number of multifamily rental
   properties which you developed and placed in service and that have reached stabilized
   occupancy: ______________
   Number of Properties with at least 72 units: ____________
   Number of Properties with at least 36 units: ______________

2. From January 1, 2010 through February 1, 2018, the total number of South Carolina LIHTC
   properties (both 4% and 9%) which you developed and placed in service and that have
   reached stabilized occupancy: ______________
   Number of Properties with at least 72 units: ____________
   Number of Properties with at least 36 units: ______________

3. From January 1, 2010 through February 1, 2018, the total number of out of state LIHTC
   properties (both 4% and 9%) which you developed and placed in service and that have
   reached stabilized occupancy: ______________
   Number of Properties with at least 72 units: ____________
   Number of Properties with at least 36 units: ______________

4. Total number of IRS Form 8823 filed as to your developments for uncorrected non-
   compliance issues: ______________
   Have the non-compliance issues been corrected? Yes_____ No______
   If no, explain:_______________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. From January 1, 2010 through February 1, 2018, have you returned an entire allocation of
   LIHTC in South Carolina? Yes_____ No______
   If yes, explain:________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
6. From January 1, 2010 through February 1, 2018, have you been removed, debarred, or asked to voluntarily withdraw from a LIHTC partnership? Yes_____ No______

If yes, explain:_______________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. From January 1, 2010 through February 1, 2018, have you been disqualified from participating in any LIHTC Program? Yes_____ No______

If yes, explain:_______________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

8. During the past 10 years, has any multifamily rental project you own or developed been in default, assigned to the State or foreclosed? Yes_____ No______

If yes, explain:_______________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

9. During the past 10 years, have you defaulted on an obligation covered by a surety or performance bond? Yes_____ No______

If yes, explain:_______________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

10. During the past 10 years, have you been debarred, suspended, proposed for debarment or suspension, declared ineligible or voluntarily excluded from any transactions or construction developments involving the use of governmental funds? Yes_____ No______

If yes, explain:_______________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

11. During the past 10 years, have you been indicted, charged, convicted of or had a civil judgment rendered against you for a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? Yes_____ No______

If yes, explain:_______________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
List all developments, from January 1, 2010 through February 1, 2018, in which you were the **general partner or managing member** from project inception through receipt of Certificate of Occupancy and issuance of 8609s. You may attach a spreadsheet containing the information below. (In order to receive points for the developments listed below, the general partner or managing member must be in compliance and good standing with the syndicator/equity provider as indicated by an Exhibit K-1 submitted with the application):

<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>Percent of Current Ownership Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certify and acknowledge the following by signing and dating in the signature block below:

**Certifications and Acknowledgments**

I certify that all the statements made in this Exhibit K are true, complete and correct to the best of my knowledge and belief and are made in good faith.

To the best of my knowledge, I certify that every general partner, developer and managing member associated with the above named Company or Entity has submitted an Exhibit K.

I certify that I do not have any relationship, financial or otherwise, with the SCSHFDA, its staff members and/or its employees other than in the regular course of my business. I further certify that I do not have any involvement with the decision-making process and am not in a position to gain inside information with respect to any federal activities administered by the SCSHFDA.

I acknowledge that Federal funds may be used in connection with the Proposed Development and that this Exhibit K and these certifications will be relied on by the SCSHFDA in connection with SCSHFDA’s making financial decisions.

I acknowledge and hereby authorize the SCSHFDA to obtain and release information regarding my experience detailed on the preceding page of this certification.

I acknowledge and understand that the making of any false statement in connection with this application will result in the disqualification of this Development’s application and the applications of any other Developments with which I am associated.

Signature: ________________________________________

Title: ____________________________________________ Date: __________