

2019 EXHIBIT K-1

**South Carolina State Housing Finance and Development Authority
Previous Development Syndication Compliance Certificate**

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 2019 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:

	General Partner <input type="checkbox"/>	Managing Member <input type="checkbox"/>
	General Partner <input type="checkbox"/>	Managing Member <input type="checkbox"/>
	General Partner <input type="checkbox"/>	Managing Member <input type="checkbox"/>
	General Partner <input type="checkbox"/>	Managing Member <input type="checkbox"/>

Listed below, or attached as a spreadsheet, are the developments, from January 1, 2011 to February 1, 2019, 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:

Development Name	City, State	# Units	Date Completed	Funding Sources (Tax Credit, Conventional, etc.)	% of Current Ownership Interest	Syndicator Verification (Initial Box)

****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, 2011 through February 1, 2019 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_____ Unknown _____

If yes, please indicate which individuals: _____

3. From January 1, 2011 through February 1, 2019 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 _____, which State: _____ No_____ Unknown _____

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 2019 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: _____