EXHIBIT K

South Carolina State Housing Finance and Development Authority 2020 Previous Participation Certificate

Propos	sed Development Name:							
l,		am :	am a General Partner \square , Developer \square , and/or a					
	(Name	e of Company or Entity As	ssociated v	with proposed develo	pment)			
manag Manag	individual associated wit ging member must indivic ging Member of the above application will be consider	dually complete this named company or	s Exhibit	t K form. If a	Genera	l Partner, Developer, or		
1.	From January 1, 2010 through December 31, 2019, the total number of multifamily rental properties which you developed and placed in service and that have reached stabilized occupancy:							
2.	From January 1, 2010 through December 31, 2019, 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:							
3.	From January 1, 2010 through December 31, 2019, 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:							
	List States:							
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 \Boxedown No \Boxedown If "No," explain below:							
5.	From January 1, 2010 through December 31, 2019, have you returned an entire allocation of LIHTC in South Carolina: Yes \(\Boxed{\subset} \) No \(\Boxed{\subset} \) If "Yes," explain below:							
6.	From January 1, 2010 the asked to voluntarily with	•	•			·		
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7.	From January 1, 2010 through December 31, 2019, have you been disqualified from participating in any LIHTC Program? Yes No If "Yes," explain below:
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 below:
9.	During the past 10 years, have you defaulted on an obligation covered by a surety or performance bond? Yes \(\Bar{\sqrt{No}} \) No \(\Bar{\sqrt{Ves,"}} \) explain below:
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 below:
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 \(\square \) No \(\square \) If "Yes," explain below:

List all developments, from January 1, 2010 through December 31, 2019, 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:

Development Name	City	State	#Units	Date Completed	Funding Sources (Tax Credit, Conventional, etc.)	Percent Ownership Interest

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.

Printed Name:	Title:	
Signature:	Date:	