

FORM CORP

South Carolina State Housing Finance and Development Authority

CORPORATION	Development Name: _____
	City: _____ Zip: _____ County: _____

Name of Corporation: _____ Corporation is: <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit
Address: _____ City: _____ State: _____ Zip: _____
Tax ID Number: _____ or date applied for: _____

Officers	
President: _____	Vice-President: _____
Secretary: _____	Treasurer: _____

Shareholders	% Ownership
1. Name: _____ Address: _____ City, State, Zip: _____	_____ %
2. Name: _____ Address: _____ City, State, Zip: _____	_____ %
3. Name: _____ Address: _____ City, State, Zip: _____	_____ %
4. Name: _____ Address: _____ City, State, Zip: _____	_____ %
5. Name: _____ Address: _____ City, State, Zip: _____	_____ %

NOTE: This form must be completed for **each** Corporation that is involved in the proposed development