Appendix C

**DEVELOPMENT AND MANAGEMENT AGENT EXPERIENCE**

All Principals (as that term is defined in the Qualified Allocation Plan) and management agents **must** complete the applicable Summary forms and Experience Spreadsheets.

**1. Development Experience:**

Each Principal must complete and sign a Development Experience Summary (responding to all questions) and Experience Spreadsheet. The Agency will not accept HUD 2530’s or other property lists in lieu of these spreadsheets. Additionally, Principals that have participated in an out of state tax credit allocation may be required to complete an Authorization for Release of Information form.

**2. Management Agent Experience:**

The management agent must have at least (a) one similar tax credit project in their current portfolio and (b) one staff person serving in a supervisory capacity with regard to the project who has been certified as a tax credit compliance specialist. Such certification must be from an organization listed below.

The agent or co-agents must each complete and sign the Management Agent Experience Summary and Experience Spreadsheet. The Agency will not accept HUD 2530’s or other property lists in lieu of these spreadsheets.

Agents with Out-of-State Management Experience:

 The Management Questionnaire is only for proposed agents not currently managing a tax credit property in North Carolina. The Agency may request documentation from other state allocating agencies for management agents with no recent experience the North Carolina tax credit program.

 **Certified Tax Credit Compliance Specialist:**

 As part of the Management Agent Experience Summary, the agent must identify staff persons serving in a supervisory capacity with regard to the proposed project who have been certified as a tax credit compliance specialist by an organization accepted by the Agency. Copies of the certifications must be attached to the Management Agent Experience Summary. The following certifications will be accepted by the Agency:

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification** | **Sponsoring Organization** | **Contact for Training** | **Website** |
| Housing Credit Certified Professional (HCCP) | NAHB  | Ruth Theobald | [www.theopro.com](http://www.theopro.com) |
|  |  | AJ Johnson | [www.ajjcs.net](http://www.ajjcs.net) |
|  |  | Scott Michael Dunn | [www.zeffert.com](http://www.zeffert.com) |
|  |  | NAHB | [www.nahb.org/hccpinfo](http://www.nahb.org/hccpinfo) |
| Certified Credit Compliance Professional (C3P) | Spectrum | Steve Rosenblatt | [www.spectrumseminars.com](http://www.spectrumseminars.com) |
| Tax Credit Compliance System (TaCCS) | Quadel | Quadel | [www.quadel.com](http://www.quadel.com) |
| National Compliance Professional (NCP) | Housing Credit College | Elizabeth Moreland | [www.housingcreditcollege.com](http://www.housingcreditcollege.com) |
| Tax Credit Specialist (TCS) | NCHM | NCHM | [www.nchm.org](http://www.nchm.org) |

**NOTE: The owner and management company must produce evidence of attending a low-income housing tax credit compliance seminar sponsored either by the Agency or a sponsor acceptable to the Agency within 12 months before issuance of the project’s Form 8609.**

# **Development Experience Summary**

Name of Ownership Entity (proposed or existing):

Name of Principal covered in this Appendix C:

Is this the Principal to be considered under QAP Section IV(D)(1)?    **yes**    **no** (must have been in the pre-app)

Is this Principal itself a member or partner of the Ownership Entity?    **yes**    **no**

*(The full application must list all members/partners in the Ownership Entity.)*

If not, list the name of the member or partner:

Principal Office address, city, and state:

|  |  |  |
| --- | --- | --- |
| 1. Total number of North Carolina low-income housing tax credit properties this Principal has developed, operated and maintained in compliance between Dec. 1, 2006 and Jan. 1, 2012:       |  |  |
| **For questions 2 – 8 below answer for all properties, even if not LIHTC or in North Carolina.** |  |  |
| 2. Total number of 8823’s filed on your tax credit properties that remain uncorrected:       | **yes** | **no** |
| 3. Have you been debarred or received a limited denial of participation in the past 10 years by any federal or state agency from participating in any development program? |    |    |
| 4. Have you or a project for which you are a Principal been involved within the past ten (10) years in a bankruptcy, adverse fair housing settlement, adverse civil rights settlement, or adverse federal or state government proceeding and settlement? |    |    |
| 5. Have you or a publicly subsidized project for which you are a Principal been in a mortgage default or arrearage of three months or more within the last five years? |    |    |
| 6. Have you been involved within the past ten years in a project which received an allocation of tax credits but failed to meet standards or requirements of the tax credit allocation or failed to fulfill one of the representations contained in an application for tax credits? |    |    |
| 7. Have you been found to be directly or indirectly responsible for any other project within the past five years in which there is or was uncorrected noncompliance more than three months from the date of notification by the Agency or any other state allocating agency? |    |    |
| 8. Do you have any outstanding flags in HUD’s national 2530 National Participation system? |    |    |
| 9. Have you been involved in any project awarded 9% tax credits in 2012 for which the equity investment has not closed as of the full application deadline or the “10% test” has not been met? |    |    |
| 10. Are you involved in any North Carolina project awarded tax credits after 2000 where there has been a change in general partners or managing members that the Agency did not approve in writing beforehand? |    |    |
| 11. Would you be removed from the ownership of a property that is the subject of an application for rehabilitation or preservation tax credits in the current cycle? |    |    |

Attach the Experience Spreadsheet form and a thorough explanation for all “yes” answers to the questions above.

I hereby certify that the information above and any attached explanation is/are true and correct. I understand that any misrepresentation, false information or omission may result in disqualification of this application and any other involving the same owner(s), Principal(s), consultant(s) and/or application preparer(s).

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Signature of Principal

**Management Agent Experience Summary**

Name of Agent:

Contact Person:

Office address, phone, and email:

|  |  |  |
| --- | --- | --- |
| 1. Total number of the following that the proposed agent currently manages: |  |  |
| North Carolina low-income housing tax credit properties:       units:       |  |  |
| out of state low- income housing tax credit properties:       units:       |  |  |
| *include information for all properties above on the Experience Spreadsheet* |  |  |

2. How many 8823’s have been filed on properties for an event that occurred during the agent’s tenure that remain uncorrected?

3. How many of the 8823’s identified above in number 2 remain uncorrected more than six months from the date of notification by the agency?

4. If the application involves rehabilitation of existing housing units, does the agent have experience with the federal Uniform Relocation Act? [yes, no or N/A]

5. Do you have any outstanding flags in HUD’s national 2530 National Participation system?

 [yes or no]

Attach the Experience Spreadsheet form and a thorough explanation for all “yes” answers to the questions above.

Complete the table below for all persons in a supervisory capacity with regard to the proposed project and attach a copy of certifications to this page).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of individual** | **Capacity/Title** | **Name of Certification** | **Certification Sponsor** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

I hereby certify that the information above and any attached explanation is/are true and correct. I understand that any misrepresentation, false information or omission may result in disqualification of this application and any other involving the same owner(s), Principal(s), consultant(s) and/or application preparer(s).

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 Signature of proposed management agent’s authorized representative