****

**REQUEST FOR PRE-APPROVAL OF MANAGEMENT COMPANY OR   
MANAGEMENT COMPANY CHANGE ON EXISTING PROPERTY**

*To be completed prior to changing management of tax credit property in NC.*

Project Name:      (“Project”)

Agency Project #:       (if applicable)

Award Year:       (if applicable)

Request Date:      , 20

* Name of proposed Management Company:
* Contact Person Name
* Contact Phone       Contact Email
* Effective Date of Change:      , 20      (Actual or Proposed?)

**Requirements for management if new owner intends to change management companies:**

The management agent must:

1. have at least one similar tax credit project in their current portfolio,
2. be requesting Key Program assistance timely and accurately (if applicable),
3. be reporting in the Agency’s Rental Compliance Reporting System (RCRS) timely and accurately (if applicable),
4. have at least one staff person in a supervisory capacity with regard to the project who has attended at least one Agency sponsored training within the past 12 months, and
5. have at least 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 approved by the Agency.

None of the persons or entities serving as management agent may have in their portfolio a project with material or uncorrected noncompliance beyond the cure period unless there is a plan of action to address the issue(s).

**Please provide the following documentation if the proposed company is not an approved management company in good standing with NCHFA:**

* Complete portfolio list, including property name, address, # of units, property type, and financing type
* Identify any uncorrected noncompliance for each property in the portfolio list
* Identify any defaults on any loan for each property in the portfolio list
* Proof of supervisor’s certification as a tax credit compliance specialist from an organization approved by NCHFA
* Proof of supervisor’s attendance at NCHFA training within the past 12 months

**Owner/Partner signature:**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:   , 20