



# **Tennessee Housing** Development Agency

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## Questions During the Training?

If you have questions during the training session, please add them to the Chat. Additionally, you can e-mail the CAM team during the presentation. The CAM team's contact information is on the next slide. We will answer all questions after the presentation is completed.



**Contact Us:**

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# Required Forms for Housing Credit Developments in Tennessee

**This training provides guidance on required forms for use by Housing Credit Developments in Tennessee.**

**Attendees should not solely rely on this training and should perform their own due diligence along with discussing the use of these forms and other LHCC compliance topics with their legal counsel and syndicator.**

**Provision of this training does not make THDA liable for noncompliance on the part of Housing Credit Development Owners and their agents.**

THDA is required to develop a compliance monitoring program as described in §1.42-5 (a)(2)(i)(A).

The compliance monitoring regulations under §1.42-5 establish the minimum monitoring requirements. State agencies can determine how documents are maintained and may mandate the use of standardized forms to document an owner's compliance with the requirements under §1.42-5. (Audit Technique Publication 5913 – Part III L)

# Compliance Forms

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## **Move-In:**

- **Affidavit of Student Financial Assistance**
- **Student Self-Certification**
- **Student Status Verification**
- **Asset Self-Certification**
- **Asset Self-Certification Worksheet**
- **Certification of Zero Income**
- **Employment Verification**
- **Section 8/Housing Choice Verification**
- **Tenant Income Certification**
- **VAWA Addendum**

# Compliance Forms

## TENNESSEE HOUSING DEVELOPMENT AGENCY AFFIDAVIT OF STUDENT FINANCIAL ASSISTANCE

Applicant/Tenant:		Unit#:	
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You have disclosed that you are a student at an educational organization described in IRC §170(b)(1)(A)(ii) or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IRC §170(b)(1)(A)(ii) or of a state or political subdivision of a state.

For each of the following types of student financial assistance, please check Yes or No.

Note: If you are unsure about the type and/or amount financial assistance, check with the financial aid office at your school.

PART I. AMOUNTS RECEIVED UNDER SECTION 479B OF THE HIGHER EDUCATION ACT (HEA) OF 1965			
Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as "Other":			
Type	Received	Annual Amount	
1. Federal Pell Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
2. Teach Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
3. Federal Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
4. Federal Perkins Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
5. Student financial assistance received under the Bureau of Indian Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
6. Higher Education Tribal Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
7. Tribally Controlled Colleges or Universities Grant Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
8. Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
9. Other amounts awarded under Section 479B	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
TOTAL		\$	

PART II. AMOUNTS RECEIVED AS OTHER STUDENT FINANCIAL ASSISTANCE			
Other student financial assistance includes grants or scholarships (either need- or merit-based) received from the following sources:			
Type	Received	Annual Amount	
1. The Federal government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
2. A state (including U.S. territories), Tribe, or local government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
3. A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
4. A business entity (such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
5. An institution of higher education	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
6. Military Assistance (state or federal, e.g. G.I. Bill)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
TOTAL		\$	

## Affidavit of Student Financial Assistance

➤ New, 1/2025

➤ Self-disclosure of financial assistance received by a student



# Compliance Forms

## Tennessee Housing Development Agency STUDENT SELF-CERTIFICATION

This annual Student Self-Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name		Household Member	
BIN		Unit Number	
Move-in Date		Effective Date	

Check A, B, or C as applicable (note that "students" include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (Do not answer questions 1-5). Sign and date below.
- B. \_\_\_\_\_ Household contains all students but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (Do not answer questions 1-5). Sign and date below.
- C. \_\_\_\_\_ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed:
1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ YES ☐ NO
  2. Is at least one student a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
  3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ NO
  4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ YES ☐ NO
  5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) ☐ YES ☐ NO

Full-time student households that satisfy any one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members aged 18 or older must sign and date.

Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____

## Student Self-Certification

- Revised, 1/2025
- Self-disclosure of student status to ensure eligibility thresholds are met
- Must be included all resident files, each year

# Compliance Forms

## TENNESSEE HOUSING DEVELOPMENT AGENCY

### STUDENT STATUS VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT					
This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following property:					
Property Name:					
I hereby grant disclosure of the information requested below from:		Name of Educational Institution			
I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.					
Signature			Date		
Printed Name			Student ID#		
The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below for calendar year _____					
THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION					
1.	Is the above-named individual a current student at this educational institution?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has the above-named individual been a student in any month in the calendar year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the above-named individual enrolled as a student in any (future) month the calendar year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, please indicate this student's full-time (FT) or part-time (PT) status for each month of the calendar year: (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)					
	January	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	July	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	February	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	August	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	March	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	September	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	April	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	October	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	May	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	November	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	June	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	December	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
4.	What is the cost of tuition and required fees per term?				_____
	How many terms does the student attend?				_____
	Has the student been given any financial aid?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	If YES, complete the following:		Source	Amount	Beginning Date
	Amounts Received under §479B HEA <input type="checkbox"/> N/A				
	Other (e.g. grants/scholarships) <input type="checkbox"/> N/A				

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

Signature:		Date:	
Print Name:		Title:	
Email Address:		Phone:	

**Penalties for Misusing This Content:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalties provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

## Student Status Verification

- Revised, 1/2025
- Third party verification of student status completed by the educational institution

# Compliance Forms

## TENNESSEE HOUSING DEVELOPMENT AGENCY ASSET SELF-CERTIFICATION WORKSHEET

This worksheet accompanies the Asset Self-Certification. Complete either Part I or Part II depending on the nature of the types of assets disclosed by the family on the Asset Self-Certification. When the total net family assets are less than or equal to the applicable Imputed Income Limitation, then only the actual income as disclosed on the Asset Self-Certification is included on the Tenant Income Certification (TIC).

PART I: COMPLETE THIS SECTION IF THE FAMILY <b>ONLY</b> HAS NNPP AND NO REAL PROPERTY		
Determination of Total Net Family Assets		
(1)	Enter the total of all NNPP by adding the values in (A)	\$
(2)	Enter the value of any NNPP disposed of for less than FMV	\$
(3)	ADD lines (1) and (2)	\$
(4)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months	\$
(5)	SUBTRACT line (4) from line (3)	\$
(6)	Is the value in line (5) less than or equal to \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, then proceed to Determination of Income from Assets		
If NO, <b>STOP</b> the Asset Self Certification cannot be used, and each asset must be separately verified		
Determination of Income from Assets: Enter this amount on Part IVa, Line (F) of the TIC		
(7)	Enter the total by adding the values in (B)	\$

PART II: COMPLETE THIS SECTION IF THE FAMILY HAS <b>BOTH</b> NNPP AND REAL PROPERTY		
Determination of Total Net Family Assets		
(1)	Enter the total of all NNPP by adding the values in (A)	\$
(2)	Enter the value of any NNPP disposed of for less than FMV	\$
(3)	ADD lines (1) and (2)	\$
(4)	Is this value less than or equal to \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, then proceed to line (5)		
If NO, <b>STOP</b> the Asset Self Certification cannot be used, and each asset must be separately verified		
(5)	Enter the total of all Real Property by adding the values in (C)	\$
(6)	Enter the value of any Real Property disposed of for less than FMV	\$
(7)	ADD lines (5) thru (6)	\$
(8)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months	\$
(9)	SUBTRACT line (8) from line (7)	\$
(10)	Is the value in line (9) less than or equal to \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, then proceed to Determination of Income from Assets		
If NO, <b>STOP</b> the Asset Self Certification cannot be used, and each asset must be separately verified		
Determination of Income from Assets: Enter this amount from line (13) on Part IVa, Line (F) of the TIC		
(11)	Enter the total by adding the values in (B)	\$
(12)	Enter the total by adding the values in (D)	\$
(13)	ADD lines (11) and (12)	\$

## Asset Self-Certification Worksheet

- New, 1/2025
- Determines when assets are under the imputed income limitation
- Include this worksheet in all files

# Compliance Forms

**TENNESSEE HOUSING DEVELOPMENT AGENCY**  
**ASSET SELF-CERTIFICATION**

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.  
(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of each asset held by any family member and the actual income that the asset earns. \*Cash value is current market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.\*

Household Name:		Unit#:			
<b>PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Within the past two (2) years, I/we have sold or given away assets for more than \$1,000 below their fair market value (FMV).			
Asset #1:	Date of Disposal:	FMV - amt received:			
Asset #2:	Date of Disposal:	FMV - amt received:			
<b>PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT</b>					
Have you received a federal tax return or refundable federal tax credit in the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount of return/credit:		\$			
<b>PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any non-necessary personal property			
Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	\$	N/AP	Cryptocurrency	\$	\$
Pre-paid Debit Card (including Govt. Benefits)	\$	N/AP	Money Market/ CD	\$	\$
Checking/Savings	\$	\$	Annuities	\$	\$
Checking/Savings	\$	\$	Brokerage Account	\$	\$
Savings	\$	\$	Stocks/Bonds	\$	\$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$	\$	Other: _____	\$	\$
Whole Life Insurance	\$	\$	Other: _____	\$	\$
<b>Non-Account Based</b>					
Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business					
Description	(A) Cash Value *				
	\$				
	\$				
	\$				
	\$				
<b>PART IV. REAL PROPERTY</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any real property			
Description of Property	(C) Cash Value*		(D) Income		
	\$		\$		
	\$		\$		

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 3001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Rev. 1/25  
Asset Self-Certification - HO-0485

## Asset Self-Certification

- Revised, 1/2025
- Replaces the previously used Under \$5,000 Asset Self-Certification
- Utilize when assets are under the imputed income limitation

# Compliance Forms

## TENNESSEE HOUSING DEVELOPMENT AGENCY CERTIFICATION OF ZERO INCOME

(To be completed by all applicable adult household members.)

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

Building Identification Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent and other necessities:  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Date

C:\lhtc\forms\zeroinccert.doc (Rev 12/00)  
HO-0436

## Certification of Zero Income

- Revised, 12/2000
- Utilize only if an adult household member is claiming no income (no employment income, no Social Security, no monetary gifts, no child support, etc.)

# Compliance Forms

TENNESSEE HOUSING DEVELOPMENT AGENCY EMPLOYMENT VERIFICATION		
<b>THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT.</b>		
TO: (Name & address of employer)	Date:	
<hr/>		
<hr/>		
<hr/>		
Property Name	Project Identification	Property Fax Number
RE: Applicant Name	Social Security Number	Unit No. (if assigned)
I hereby authorize release of my employment information.		
Signature of Applicant		Date
The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.		
Signature of Manager/Management Company		Date
<b>THIS SECTION TO BE COMPLETED BY EMPLOYER</b>		
Employee Name:	Job Title:	
Presently Employed: Yes	Date First Employed	No Last Day of Employment
Current Wages/Salary: \$	(Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other	
Average No. of regular hours per week:		
Overtime Rate: \$	per hour.	Average number of overtime hours per week:
Shift Differential Rate: \$	per hour.	Average number of shift differential hours per week:
Commissions, Tips, Bonuses: \$	(Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other	
List any anticipated change in the employee's rate of pay within the next 12 months:		
Effective date of change:		
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):		
Additional remarks:		
Employer's Signature	Employer's Printed Name	Date
Employer (Company) Name and Address		
Telephone Number	Fax Number	E-mail Address
<b>NOTE:</b> Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.		
HO-0422		

## Employment Verification (EV)

- No blanks, no N/A
- If mailed, save the return envelope.
- If e-mailed or faxed, save email string or cover sheet.



# Compliance Forms

VERIFICATION OF ANNUAL INCOME, HOUSEHOLD SIZE, AND UTILITY ALLOWANCE  
BY THE SECTION 8 ADMINISTRATIVE AGENCY FOR SECTION 8 ASSISTED APPLICANTS

APPLICANT: _____	SOCIAL SECURITY #: _____
ADDRESS: _____	FAMILY SIZE: _____
_____	
<b>I authorize the owner/manager of the Low Income Housing Credit property identified below to make inquiries regarding my income, household size, and utility allowance for determining occupancy within the guidelines of IRC Section 42. I further authorize the Section 8 Administrative Agency to release a copy of my signed application for rental assistance, and/or any information contained within that application which will verify my eligibility for occupancy.</b>	
APPLICANT SIGNATURE: _____	DATE: _____

#### TO THE SECTION 8 ADMINISTRATIVE AGENCY:

The applicant identified above has indicated that he/she is receiving Section 8 assistance from your agency. Information provided will remain confidential and will be to determine eligibility for occupancy in a Low Income Housing Credit property as required by IRC Section 42.

OWNER/MANAGER SIGNATURE: _____	DATE: _____
-----------------------------------	-------------

This is to certify that the applicant identified above is a recipient of Section 8 Rental Assistance from this Section 8 Administrative Agency. The following information has been verified by the Agency and certified by the applicant.

Family Gross Annual Income: _____
Number of Persons in Family: _____
Monthly Utility Allowance Calculation for the Unit: _____
Signature of Certifying Official: _____
Section 8 Administrative Agency: _____
Date: _____
Contact Telephone Number: _____

c:\ihhc\forms\sec8.doc  
HO-0423 (Rev 1/00)

## Section 8/Housing Choice Voucher Verification

- Revised, 12/2000
- If the HCV administrator completes this form completely and accurately, the property does not need to verify income or assets

# Compliance Forms

<b>TENNESSEE HOUSING DEVELOPMENT AGENCY</b> <b>TENANT INCOME CERTIFICATION</b>					
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other* _____			Effective Date: _____ Initial LIHC Qualification Date: _____ Move-in Date: _____		
<b>PART I. DEVELOPMENT DATA</b>					
Property Name: _____		County: _____		BIN #: _____	
Address: _____		Unit Number: _____		#Bedrooms: _____	
<b>PART II. HOUSEHOLD COMPOSITION</b>					
HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (circle one)
1					FT / PT / NAP
2					FT / PT / NAP
3					FT / PT / NAP
4					FT / PT / NAP
5					FT / PT / NAP
6					FT / PT / NAP
<b>PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)</b>					
HH Mbr#	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income	
<b>TOTALS</b>	\$	\$	\$	\$	
				<b>Total Income (E): \$</b>	
<b>PART IV. ASSETS</b>					
<b>PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO <u>IMPUTED INCOME LIMITATION</u></b>					
Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as <b>LESS</b> than or <b>EQUAL</b> to the Imputed Income Limitation					
Enter Total of <b>ACTUAL INCOME</b> earned from all Assets <b>(F)</b>					\$
<b>PART IVB. INCOME FROM ASSETS - GREATER THAN <u>IMPUTED INCOME LIMITATION</u></b>					
Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as <b>GREATER</b> than the Imputed Income Limitation.					
HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) (L) Annual income from Asset
Enter Total Income from all Assets <b>(M)</b>					\$
<b>PART V. TOTAL HOUSEHOLD INCOME</b>					
Total Annual Household Income from All Sources [Add (E) + (F) OR (E) + (M)]					\$
<b>HOUSEHOLD CERTIFICATION &amp; SIGNATURE(S)</b>					
<p>The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full-time student.</p> <p>Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.</p>					
Signature _____		Date _____		Signature _____	
Signature _____		Date _____		Signature _____	
Signature _____		Date _____		Signature _____	
Signature _____		Date _____		Signature _____	

# Tenant Income Certification (TIC)

- Revised, 1/2025
- Part II has added two rows to accommodate a household size of six residents



# Compliance Forms

TENNESSEE HOUSING DEVELOPMENT AGENCY TENANT INCOME CERTIFICATION				
<b>PART VI. DETERMINATION OF INCOME ELIGIBILITY</b>				
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____ From Part V. on Page 1		Designated Income Restriction: <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> _____%	<b>RECERTIFICATION ONLY:</b> Designated Income Limit x 140% (170% for Deep Rent Skewing): \$ _____ (Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%; Average income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%) Household is over income at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Income Limit per Family Size: \$ _____				
Household Income at Move-in: \$ _____				
Household Size at Move-in: _____				
<b>PART VII. RENT</b>				
Tenant Rent: \$ _____		Unit Meets Rent Restriction at:		
Utility Allowance: \$ _____		<input type="checkbox"/> 80% <input type="checkbox"/> 70%		
Rental Assistance: \$ _____		<input type="checkbox"/> 60% <input type="checkbox"/> 50%		
Other non-optional / mandatory fees: \$ _____		<input type="checkbox"/> 40% <input type="checkbox"/> 30%		
Gross Rent for Unit (See Instructions): \$ _____		<input type="checkbox"/> 20% <input type="checkbox"/> _____%		
Is the source of Rental Assistance Federal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, what is the source of the assistance? _____		
<input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation <input type="checkbox"/> Public Housing Operating Subsidy <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA)		<input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) <input type="checkbox"/> HUD Project-Based Voucher (PBV) <input type="checkbox"/> USDA Section 521 Rental Assistance Program <input type="checkbox"/> Other Federal Rental Assistance		
<b>PART VIII. STUDENT STATUS</b>				
Are all occupants Full-Time Students?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, enter Student Explanation* and attach documentation  Enter 1-5: _____		Student Explanation: 1. TANF assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. Married/joint return	
<b>PART IX. PROGRAM TYPE</b>				
Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this Certification.				
a. Housing Credit <input type="checkbox"/>	b. HOME <input type="checkbox"/>	c. Tax-exempt Housing Bond <input type="checkbox"/>	d. National HTF <input type="checkbox"/>	e. _____ <input type="checkbox"/>
See Part VI above.	Income Status:	Income Status:	Income Status:	Income Status:
	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> Over Income	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> Over Income	<input type="checkbox"/> 30%/Poverty Line <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> Over Income	<input type="checkbox"/> _____% <input type="checkbox"/> _____% <input type="checkbox"/> Over Income
<b>SIGNATURE OF OWNER/REPRESENTATIVE</b>				
Based on the representations herein and upon the proofs and documentation submitted, the individual(s) named in Part II of this Household Income Certification is/are eligible under the provisions of IRC Section 42, as amended, and the Land Use Restriction Agreement to live in a unit at this Property.				
_____ Owner/representative Signature		_____ Date		

Rev. 1/25  
Tenant Income Certification HO - 0420

## Tenant Income Certification (TIC)

- Parts VI, VII and IX provide various Area Median Income (AMI) designations for the Average Income Test (AIT) Set-Aside

# Compliance Forms

VIOLENCE, DATING VIOLENCE  
OR STALKING

U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
Exp. 6/30/2017

## LEASE ADDENDUM

### VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
--------	----------	--------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

#### **Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

#### **Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

#### **Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

#### **VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant \_\_\_\_\_

Date \_\_\_\_\_

Landlord \_\_\_\_\_

Date \_\_\_\_\_

Form HUD-91067  
(9/2008)

## Violence Against Women Act Lease Addendum (VAWA)

➤ Revised, 6/2017

➤ Required for all LIHC  
properties

# Compliance Forms

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## Recertification:

- **At First Annual Recertification:**
  - **TIC or S8/HCV Verification**
  - **EV (if utilizing the TIC)**
  - **Zero Income (if utilizing the TIC)**
  - **Asset Self-Certification/Worksheet (if utilizing the TIC)**
  - **Certification of Student Status Forms**
  - **VAWA, if new or modified lease**
- **At Second Annual Recertification (and beyond):**
  - **TIC or S8/HCV or Continuing Residency Certification (CRC)**
  - **EV (if utilizing the TIC only)**
  - **Zero Income (if applicable & if utilizing the TIC only)**
  - **Asset Self-Certification/Worksheet (if utilizing the TIC only)**
  - **Certification of Student Status Forms**
  - **VAWA, if new or modified lease**

# Compliance Forms

## Continuing Residency Certification (CRC)

➤ Revised, 8/2018

➤ The CRC is only permitted at 100% low-income properties, beginning in year three (2<sup>nd</sup> annual recertification)

TENNESSEE HOUSING DEVELOPMENT AGENCY CONTINUING RESIDENCY CERTIFICATION				Effective Date: (MM/DD/YY)					
				Move-in Date: (MM/DD/YY)					
<b>PART I – PROPERTY DESCRIPTION DATA</b>									
BIN:		Unit Number:		No. of Bedrooms:					
<b>PART II. HOUSEHOLD COMPOSITION</b>									
HH Mbr.	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY YY)	F/T Student (Y or N)	Last 4 Digits Social Security	Race	Ethnicity	Disabled?
1			HEAD						
2									
3									
4									
5									
6									
<b>PART III. RENT</b>									
Tenant Paid Rent		\$		Rental Assistance:		\$			
Utility Allowance		\$		Other non-optional charges:		\$			
<b>GROSS RENT FOR UNIT:</b> (Tenant paid rent plus Utility Allowance & other non-optional charges)		\$		Unit Meets Rent Restriction at:		<input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> __%			
Maximum Rent Limit for this unit:		\$							
<b>PART IV. STUDENT STATUS</b>									
ARE ALL OCCUPANTS FULL TIME STUDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Enter student explanation below (attach documentation).				Enter 1-5: <input type="checkbox"/>		<b>*Student Explanation:</b> 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return 5 Foster Program			
<b>HOUSEHOLD CERTIFICATION &amp; SIGNATURES</b>									
<small>The information on this form will be used to determine continuing household residency eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of household eligibility. I/we agree to notify the landlord immediately upon any member becoming a full time student. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in.</small>									
<small>Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.</small>									
<small>I understand that Tennessee Housing Development Agency (THDA) receives federal funds, specifically from the United States Department of Housing and Urban Development (HUD), that require monitoring of specific programming within THDA and its sub-grantees. A part of this monitoring process may be to review a portion of my household demographics, including but not limited to income and rent and address information. In signing this form, I authorize THDA to share all information required by HUD to monitor compliance with federal regulations.</small>									
Signature		Date		Signature		Date			
Signature		Date		Signature		Date			
<b>SIGNATURE OF OWNER/REPRESENTATIVE</b>									
<small>Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Household Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Property.</small>									
Signature Of Owner/Representative				Date					

(Rev. 8/2018)  
HO-0489

1

# Compliance Forms

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## Other Compliance Forms:

- **Building Casualty Loss**
- **Next Available Unit (NAU)**
- **Nonrevenue Unit**

# Compliance Forms

## TENNESSEE HOUSING DEVELOPMENT AGENCY BUILDING CASUALTY LOSS NOTIFICATION

Internal Revenue Code Section 42(j)(4)(E) states that buildings which are allocated tax credits are protected from recapture of credits due to a casualty loss *to the extent such loss is restored by reconstruction or replacement within a reasonable period.* Low-Income Housing Credit Owners must report to THDA the casualty loss of a building within 30 days of the loss. Complete a separate form for each building and submit via email to [TNCConstruction@thda.org](mailto:TNCConstruction@thda.org) or to the address below:

Compliance and Asset Management Division  
Tennessee Housing Development Agency  
Andrew Jackson Building  
502 Deaderick St. Third Floor  
Nashville, TN 37243

**BUILDING AFFECTED** Building Identification No. (BIN): TN

Name of Project: \_\_\_\_\_

Address of Project: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Taxpayer Identification No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

General Partner: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

The undersigned hereby certifies that the information presented herein is true and correct to the best of his/her knowledge. He/she further certifies under penalty of perjury that the project meets the requirements of Internal Revenue Code Section 42. He/she understands that false statements are punishable as a Class E felony under Tennessee Code Annotated Section 13-23-133 and are also punishable under other applicable federal statutes.

Unit(s) Affected: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Total Loss: \_\_\_\_\_ Partial Loss: \_\_\_\_\_

No. of Low-Income Units Affected: \_\_\_\_\_ No. of Low-Income Households Displaced: \_\_\_\_\_

Fire Dept. or Police Notified: Yes: ☐ (if Yes, please attach a copy of the report) No: ☐

Write a brief description of the loss. Identify any causes of the loss. Attach a separate page if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HO-0486  
Revised 8/2018

## Building Casualty Loss

- Revised, 2/2018
- Must be used when a low-income building or unit is damaged and causes resident displacement

# Compliance Forms

Estimated Time for Replacement: \_\_\_\_\_ Applicable Fraction at Prior Year End: \_\_\_\_\_

Description of the Correction (s) to be Taken:

\_\_\_\_\_

\_\_\_\_\_

Signature of Owner/ Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Back in Compliance and all Noncompliance Corrected

The undersigned hereby certifies that the information presented herein is true and correct to the best of his/her knowledge. He/she further certifies under penalty of perjury that the project meets the requirements of Internal Revenue Code Section 42. He/she understands that false statements are punishable as a Class E felony under Tennessee Code Annotated Section 13-23-133 and are also punishable under other applicable federal statutes.

Date Back in Compliance: \_\_\_\_\_

Signature of Owner/ Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

HO-0486  
Revised 8/2018

## Building Casualty Loss

- Second page
- Must be completed in total

# Compliance Forms

## TENNESSEE HOUSING DEVELOPMENT AGENCY NEXT AVAILABLE UNIT: 140% VERIFICATION

Internal Revenue Code Section 42(g)(2)(D)(ii) states that if the income of the occupants of a low income unit increases above 140 percent of the income limitation applicable, the unit shall cease to be treated as a low income unit if ANY UNIT in the building (of comparable size, or smaller than such unit) is occupied by a new resident whose income exceeds the income limitation. This form must be included in the resident file for each household whose income increases above the 140% amount allowable under this provision. The completed form will become a part of the resident's file and must be included for review upon inspection of the units by THDA CAM team.

### IDENTIFICATION OF 140% OVER INCOME UNIT

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

Building Identification Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

No. Persons in Household: \_\_\_\_\_ Unit Size (sq. ft.): \_\_\_\_\_

Date of Move In: \_\_\_\_\_ Move In Income: \$ \_\_\_\_\_

Date Recertified: \_\_\_\_\_ Recertified Income: \$ \_\_\_\_\_

Income Limit at Recertification: \$ \_\_\_\_\_

140% of Income Limit: \$ \_\_\_\_\_

Status of Unit After Next Unit Leased Market: \_\_\_\_\_ Low Income: \_\_\_\_\_

### IDENTIFICATION OF NEXT UNIT LEASED:

Identify the Next Available Unit rented **in the same building** (whether market rate or low-income) on or after the date of the above noted resident's recertification.

Date Unit Leased \_\_\_\_\_

Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

No. Persons in Household: \_\_\_\_\_ Unit Size (sq. ft.): \_\_\_\_\_

Move In Income: \$ \_\_\_\_\_ Income Limit: \$ \_\_\_\_\_

Status of Unit at Move-In: Market: \_\_\_\_\_ Low Income: \_\_\_\_\_

### OWNER'S CERTIFICATION:

The undersigned hereby certifies under penalty of perjury that the information contained herein is true and correct to the best of his/her knowledge.

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

Owner/Manager Name: \_\_\_\_\_

Signature of Owner or Manager

Date

m:CAM/MultifamilyPrograms/ExternalandInternalForms (Rev.1/25)  
HO-0430

## Next Available Unit (NAU)

- Revised, 1/2001
- Only used at mixed use properties when low-income resident's income increases above applicable limits and becomes market rate



# Compliance Forms

## EXHIBIT F NOTIFICATION/REQUEST OF NONREVENUE UNIT(S)

NOTIFICATION REMOVAL OF UNIT(S) IN ACCORDANCE WITH  
REVENUE RULING 92-61 and REVENUE RULING 2004-82  
(TREATMENT OF RESIDENT RENTAL PROPERTY)  
(RESIDENT MANAGER, MAINTENANCE OR SECURITY OFFICER UNIT)

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

Project Identification: TN \_\_\_\_\_

Unit(s) shall be designated as an employee unit or for use as common space as defined in section 42 of the Internal Revenue Code: "Section 1.103-8(b)(4) of the Income Tax Regulations, facilities that are functionally related and subordinate to residential rental units are considered residential rental property. Section 1.103-8(b)(4)(iii) provides that facilities that are functionally related and subordinate to residential rental units include facilities for use by the tenants, such as swimming pools and similar recreational facilities, parking areas, and other facilities reasonably required for the project. The examples given by section 1.103-8(b)(4)(iii) of facilities reasonably required for a project specifically includes units for resident managers, maintenance personnel or model units. Accordingly, the unit occupied by a resident manager is residential property for purposes of Section 42 of the Code."

**THDA allows one unit per property that does not require approval.** Please provide the following for each unit occupied by a Resident Manager, Maintenance, Security or Service Coordinator Personnel. The first one noted should be the unit that THDA **DOES NOT** need to approve annually. The unit(s) after should note **ANY ADDITIONAL** nonrevenue unit(s) needed. Supporting documentation must be attached to support the property's need for the **additional** removal of the unit(s) from the applicable fraction in accordance with Section 1.103-8(b)(4).

## Non-Revenue Unit

- Revised, 12/2013
- Must be used when requesting more than one unit for use by an employee for the benefit of the housing credit development

# Compliance Forms

BIN# \_\_\_\_\_ Unit # \_\_\_\_\_ Name \_\_\_\_\_ Move-in Date \_\_\_\_\_  
Position \_\_\_\_\_

BIN# \_\_\_\_\_ Unit # \_\_\_\_\_ Name \_\_\_\_\_ Move-in Date \_\_\_\_\_  
Position \_\_\_\_\_

BIN# \_\_\_\_\_ Unit # \_\_\_\_\_ Name \_\_\_\_\_ Move-in Date \_\_\_\_\_  
Position \_\_\_\_\_

If the Owner is charging rent for a Manager, Maintenance, Security or Service Coordinator Personnel unit(s), according to the Internal Revenue Service (IRS) Guide for Completing Form 8823, the Service may determine that the unit is not reasonably required by the project because the owner is not requiring them to occupy the unit as a condition of employment.

\* Charging rent for employee units may reduce or jeopardize the tax credits that may be claimed. Please consult your attorney or accountant for guidance.

Owner/Management must continue to submit the above information concerning the Manager/Maintenance/Security/Service Coordinator, or other common use space, to THDA annually on the Owner Annual Certification of Continuing Compliance. This form does not absolve Management of this responsibility. Additionally, in the event of a change in status concerning a manager/maintenance unit or use of other common space THDA is requiring resubmission of this form to:

The undersigned certifies to Tennessee Housing Development Agency that the Owner/Limited Partnership of \_\_\_\_\_ (property name) will file or has filed a return that is consistent with Revenue Ruling 92-61 concerning treatment of Resident Manager's unit.

\_\_\_\_\_  
Owner/General Partner

\_\_\_\_\_  
Date

## Non-Revenue Unit

➤ Second page

➤ Must be completed in full

# Compliance Forms

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## Property Change Forms:

- **Single Owners**
- **Multiple Owners**
- **General Partner Change**
- **Management Company Change**

# Compliance Forms

**EXHIBIT B - 1**  
**TRANSFER OR SALE OF OWNERSHIP INTEREST**

If you plan to transfer or sell an ownership interest in a building which was previously allocated low income housing credits you are required to provide THDA with information concerning the new ownership entity 30 days prior to the sale or transfer. Attach a new organizational chart, a copy of the signed sales contract and any other options related to the transaction with this completed form to:

Multifamily Programs Division  
Tennessee Housing Development Agency  
502 Deaderick Street, Third Floor  
Nashville, Tennessee 37243-0900

#### Property Information

Property Identification Number:	TN		
Development Name:			
Street Address:			
City:		Zip Code:	

#### Current Ownership Entity Information

Ownership Entity:					
Taxpayer ID No.:					
Address:					
City:		State:		Zip Code:	
Ownership Contact:					
Email:					
Telephone No.:					

#### Successor Ownership Entity Information

Date of Transaction:					
New Ownership Entity Name:					
Type of Ownership Entity:	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company				
Taxpayer ID No.:					
Address:					
City:		State:		Zip Code:	
COMPLETE Successor Ownership Entity Information on Next Page					

HO-0419 Exh-B-1 Sale or Transfer of Ownership Interest.doc (Rev 8/18)

## Transfer or Sale of Ownership Interests – Single Owner

➤ Revised, 2/2018

➤ Contact  
[tncompliance@thda.org](mailto:tncompliance@thda.org)  
30 days in advance of the transfer or sale for additional information

# Compliance Forms

EXHIBIT B - 1 TRANSFER OR SALE OF OWNERSHIP INTEREST PAGE 2	
Ownership Contact:	
Email:	
Telephone No.:	
<b>Request by New Owner to Obtain THDA On-line Reporting (THOMAS/HCMS) Authorization</b>	
Date of Request:	
Individual Requesting Access:	
Email:	
Will the Management Company change as a result of this transaction: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
<b>Complete If the Management Company Changes</b>	
Date of Transaction:	
Management Company:	
Taxpayer ID No.:	
Management Contact:	
Email:	
Telephone No.:	
<b>Authorized Signatures:</b>	
Date of Transaction:	
Exiting Ownership Contact:	
Entering Ownership Contact:	

HO-0419 Exh-B-1 Sale or Transfer of Ownership Interest.doc (Rev 8/18)

## Transfer or Sale of Ownership Interests – Single Owner

- Second page
- Must be completed in full

# Compliance Forms

**EXHIBIT B - 1**  
**TRANSFER OR SALE OF OWNERSHIP INTEREST**

If you plan to transfer or sell an ownership interest in a building which was previously allocated low income housing credits you are required to provide THDA with information concerning the new ownership entity 30 days prior to the sale or transfer. Attach a new organizational chart, a copy of the signed sales contract and any other options related to the transaction with this completed form to:

Multifamily Programs Division  
Tennessee Housing Development Agency  
502 Deaderick Street, Third Floor  
Nashville, Tennessee 37243-0900

#### Property Information

Property Identification Number:	TN		
Development Name:			
Street Address:			
City:		Zip Code:	

#### Current Ownership Entity Information

Ownership Entity:					
Taxpayer ID No.:					
Address:					
City:		State:		Zip Code:	
Ownership Contact:					
Email:					
Telephone No.:					

#### Successor Ownership Entity Information – Identify the Percentage of Ownership %

Date of Transaction:			
New Ownership Entity Name:			
Type of Ownership Entity:	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company		
Taxpayer ID No.:			
Ownership Contact:			
Email:			
Telephone No.:			

HO-0419 Exh-B-1 Sale or Transfer of Ownership Interest.doc (Rev 8/18)

## Transfer or Sale of Ownership Interests – Multiple Owners

➤ Revised, 2/2018

➤ Contact

[tncompliance@thda.org](mailto:tncompliance@thda.org)

30 days in advance of the transfer or sale for additional information

# Compliance Forms

EXHIBIT B - 1  
TRANSFER OR SALE OF OWNERSHIP INTEREST  
PAGE 2

Successor Ownership Entity Information – Identify the Percentage of Ownership %

Date of Transaction:	
New Ownership Entity Name:	
Type of Ownership Entity:	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company
Taxpayer ID No.:	
Ownership Contact:	
Email:	
Telephone No.:	

Request by New Owner to Obtain THDA On-line Reporting (THOMAS/HCMS) Authorization

Date of Request:	
Individual Requesting Access:	
Email:	

Will the Management Company change as a result of this transaction: YES: ☐ NO: ☐

Complete If the Management Company Changes

Date of Transaction:	
Management Company:	
Taxpayer ID No.:	
Management Contact:	
Email:	
Telephone No.:	

Authorized Signatures:

Date of Transaction:	
Exiting Ownership Contact:	
Entering Ownership Contact:	

HO-0419 Exh-B-1 Sale or Transfer of Ownership Interest (Multiple Owners) .doc (Rev 8/18)

## Transfer or Sale of Ownership Interests – Multiple Owners

➤ Second page

➤ Must be completed in full

# Compliance Forms

## EXHIBIT B - 2 MANAGING GENERAL PARTNER CHANGE OR TRANSFER OF GENERAL PARTNER INTERESTS

If you plan to identify a new managing General Partner of the Ownership Entity, provide THDA with information concerning the new managing General Partner approximately 30 days prior to the transfer. Attach a copy of the amended and restated partnership agreement to this completed form. If you plan to transfer General Partner interests, provide THDA with information on the new General Partner approximately 30 days prior to the transfer. Attach the new organizational chart, a copy of the amended and restated partnership agreement and any other documents related to the transaction with this completed form to:

Multifamily Programs Division  
Tennessee Housing Development Agency  
502 Deaderick Street, Third Floor  
Nashville, Tennessee 37243-0900

### Development Information

Building Identification Number(s):	TN		
Development Name:			
Street Address:			
City:		Zip Code:	

### Low-Income Housing Credit Ownership Entity

Ownership Entity:					
Taxpayer ID No.:					
Address:					
City:		State:		Zip Code:	
Type of Ownership Entity (check which applies):	<input type="checkbox"/> General	<input type="checkbox"/> Limited	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Limited Liability Limited Partnership	
Ownership Contact:					
Email:					
Telephone No.:					

### For Change of Managing General Partner

Date of Transaction:	
New Managing General Partner:	
Taxpayer ID No.:	
Email:	
Telephone No.:	

HO-0419 Exh-B-2 Managing GP Change or Transfer of GP Interests (Rev 8/18)

## Managing General Partner Change or Transfer of General Partner Interests

- Revised, 8/2018
- Contact [tncompliance@thda.org](mailto:tncompliance@thda.org)  
30 days in advance of the  
change or transfer for  
assistance



# Compliance Forms

EXHIBIT B - 2  
MANAGING GENERAL PARTNER CHANGE OR TRANSFER OF GENERAL PARTNER INTERESTS  
Page 2

**For Change or Transfer of General Partner Interests**

Date of Transaction:	
New General Partner:	
Taxpayer ID No.:	
Ownership Contact:	
Email:	
Telephone No.:	

**Request to obtain THDA On-line Reporting (THOMAS/HCMS) Authorization**

Date of Request:	
Individual Requesting Access:	
Email:	

Will the Management Company change as a result of this transaction:

YES: ☐ NO: ☐

**Complete when change in Management Company**

Date of Transaction:	
Management Company:	
Taxpayer ID No.:	
Management Contact:	
Email:	
Telephone No.:	

**Authorized Signatures:**

Date of Transaction:	
Exiting Ownership Contact:	
Entering Ownership Contact:	

HO-0419 Exh-B-2 Managing GP Change or Transfer of GP Interests (Rev 8/18)

## Managing General Partner Change or Transfer of General Partner Interests

- Second page
- Must be completed in full

# Compliance Forms

## ADDENDUM A IDENTIFICATION OF OWNERSHIP ENTITY AND MANAGEMENT ORGANIZATION

If you plan to replace a management company at a development which has received an allocation of Low-Income Housing Credits, notify THDA approximately 30 days prior to the change. Attach the executed form and any other documents related to the transaction to:

Multifamily Programs Division  
Tennessee Housing Development Agency  
502 Deaderick Street, Third Floor  
Nashville, Tennessee 37243-0900

### Development Information

Building Identification Number(s):	TN		
Development Name:			
Street Address:			
City:		Zip Code:	

### Ownership Entity Allocated Low-Income Housing Credits

Ownership Entity:					
Taxpayer ID No.:					
Address:					
City:		State:		Zip Code:	
Ownership Contact:					
Email:					
Telephone No.:					

### New Management Company

Date of Transaction:	
Management Company:	
Taxpayer ID No.:	
Management Contact:	
Email:	
Telephone No.:	

HO-0418 Add-A Identification of Ownership Entity and Management Organization (Rev 8/18)

## Identification of Ownership Entity and Management Organization

- Revised, 8/2018
- Also known as Change in Management Form
- Contact [tncompliance@thda.org](mailto:tncompliance@thda.org) for assistance with the form

# Compliance Forms

ADDENDUM A  
IDENTIFICATION OF OWNERSHIP ENTITY AND MANAGEMENT ORGANIZATION  
Page 2

Request to obtain THDA On-line Reporting (THOMAS/HCMS) Authorization

Date of Request:	
Individual Requesting Access:	
Email:	

Authorized Signature:

Ownership Contact:	
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## Identification of Ownership Entity and Management Organization

- Second page
- Must be completed in full to ensure THOMAS access is provided to appropriate parties

# Compliance Forms

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## **Housing Credit Compliance Page:**

<https://thda.org/rental-housing-partners/project-based-section-8/housing-credit-compliance>