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	Identification	Number:	TN					
Developm	nent Name:							
Street Ad								
	<u>urcss.</u>				7: 0 1			
City:					Zip Code:			
Current (Ownership E	Entity Inform	nation					
Ownershi	p Entity:							
Taxpayer	ID No.:							
Address:								
City:	- 1			State:		Zip Code:		
	in Contoot			Otato.				
	p Contact:							
Email:								
Telephon	e No.:							
Success	or Ownersh	ip Entity Info	ormation - Ident	ify the Pe	ercentage of	Ownership	%	
Date of T	ransaction:							
New Own	nership Entity	Name:						
			Dortnorobin	Corne	ration	Limited Liek	ailitu Compony	
Type of Ownership Entity:		ility.	Partnership	Corporation		Limited Liability Company		
Taxpayer	ID No.:							
Ownershi	p Contact:							
Email:								

Telephone No.;

Property Information

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

Successor Ownership Entity	Inforr	<u>nation – Ide</u>	ntity	the Percentage	OIOW	nersnip	<u>%</u>	
Date of Transaction:								
New Ownership Entity Name:								
Type of Ownership Entity:	Partnership			Corporation	Lim	Limited Liability Company		
Taxpayer ID No.:								
Ownership Contact:								
Email:								
Telephone No.;								
Paguast by New Owner to Oht	oin T	UDA On line	Don	orting (TUOMA	C/UCM	C) Authoria	ation	
Request by New Owner to Obt	am n	nda On-iine	кер		(3/HCIVI	3) Authoriz	ation	
Date of Request:								
Individual Requesting Access:								
Email:							<u> </u>	
Will the Management Company	y cha	nge as a res	ult o	f this transaction	on:	YES:	NO:	
Complete If the Management C	omp	any Change	S					
Date of Transaction:								
Management Company:								
Taxpayer ID No.:								
Management Contact:								
Email:								
Email: Telephone No.:								
Telephone No.:								
Telephone No.:								
Telephone No.: Authorized Signatures:								