

## Appendix C

### DEVELOPMENT AND MANAGEMENT AGENT EXPERIENCE

All Principals (as that term is defined in the Qualified Allocation Plan) and management agents **must** disclose all previous participation in the Low-Income Housing Tax Credit program on the appropriate Experience Summary (page 2 or 3) and the Experience Spreadsheet (page 4).

**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	Phone / e-mail / website
Housing Credit Certified Professional (HCCP)	NAHB and	Ruth Theobald	<a href="http://www.icomply42.com">www.icomply42.com</a>
	NAHMA	AJ Johnson NAHB	<a href="mailto:ajjohn@cox.net">ajjohn@cox.net</a> 800-368-5242
Certified Credit Compliance Professional (C3P)	Spectrum	Steve Rosenblatt	<a href="http://www.spectrumseminars.com">www.spectrumseminars.com</a>
Tax Credit Compliance System (TaCCS)	Quadel	Quadel	<a href="http://www.quadel.com">www.quadel.com</a>
National Compliance Professional (NCP)	Housing Credit College	Elizabeth Moreland	<a href="http://www.housingcreditcollege.com">www.housingcreditcollege.com</a>
Tax Credit Specialist (TCS)	NCHM	NCHM	<a href="http://www.nchm.org">www.nchm.org</a>
Specialist in Housing Credit Management (SHCM)	National Affordable Housing Management Assoc.		<a href="http://www.nahma.org">www.nahma.org</a>

**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 (individual, not corporate): \_\_\_\_\_

Office address, phone, and email: \_\_\_\_\_

1. Total number of the following that you have developed, placed in service and/or operated between December 1, 2004 and January 1, 2010:

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. 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 tax credits in 2010 for which the equity investment has not closed as of the Agency's deadline for meeting the "10% test"?		
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?		
12. To the best of your knowledge, are you involved in the ownership of any North Carolina tax credit properties that are not yet registered with <a href="http://www.NCHousingSearch.org">www.NCHousingSearch.org</a> ?		

Attach the Experience Spreadsheet form and a thorough explanation for all "yes" answers to the questions above (other than Question 12).

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).

\_\_\_\_\_  
Signature of Principal

\* This question is for the Agency's informational purposes only and does not relate to QAP Section IV(D).

## 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).

\_\_\_\_\_  
 Signature of proposed management agent's authorized representative

**APPENDIX C**  
Experience Spreadsheet

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

Role in Proposed Project: \_\_\_\_\_ **(Principal or Management Agent)**

Apartment Name, City, State	# of Units	Financing Type (see key below)	Tax Credits (yes/no) Tax Credit # if applicable (N.C. properties <i>must</i> include this)	Dates of Participation From: To: (or Current)	Type of Participation: Principal or Agent	Any outstanding uncorrected noncompliance? (8823) If yes, attach explanation	Has the property been in default on any loan in the last 10 years?	Property type: rehab, new construction or adaptive re-use

To complete the financing column please use the following abbreviations to show these sources were used to finance the project:

**RPP** = Rental Production Program from the Agency  
**RHS** = Farmers Home or Rural Housing Service financing  
**AHP** = Federal Home Loan Bank Affordable Housing Program Funds  
**Other** = Please explain in an attachment.

**HOME** = Federal HOME funds from a source other than the Agency  
**CON** = Conventional Market Rate financing  
**HUD** = HUD financing

## Management Questionnaire

Agents not currently managing a tax credit property in North Carolina must complete this form electronically, print, sign and submit with the application(s).

Name of Agent: \_\_\_\_\_

1. Describe the agent’s past experience operating tax credit properties. List all states in which you have managed tax credit properties.
2. Describe any common interest or ownership between the property owner and the management agent.
3. Is the agent licensed by the North Carolina Real Estate Commission to conduct the business of property management in North Carolina? Disclose the license number and the entity name of record.
4. Complete the following staffing chart for the proposed property. Indicate the number of employees by position in the employee column. Please include the estimated weekly hours and add any positions not addressed by the chart.

	Employee	Contractor	Est. Weekly Hours	Not Required
Site Manager				
Maintenance				
Groundskeeping				
Supportive Services Coord.				
Other: _____				

5. Describe the lines of authority, responsibility, and accountability (internal controls) within the management entity.
6. Describe the oversight that will be provided by the agent to ensure compliance with Section 42 as it relates to eligibility and record keeping.
7. Identify the staff position that will be responsible for the preparation and the submission of the tax credit reports required by the Agency.
8. Describe the type and frequency of tax credit training that will be provided to on-site and agent’s staff.
9. Describe the key tax credit records (applications, certifications, verifications, leases, etc.) that will be maintained to prove compliance, the location they will be kept, the retention period, and the method of retention (hard copy, electronic, etc.).
10. Describe the key eligibility criteria that will be addressed on the rental application and which household members that it will relate to (household composition, income, assets, student status, etc.).
11. Explain the format that will be utilized for recertification in place of the application that will ascertain the household composition, income, assets, and student status (lease renewal questionnaire, etc.).
12. List the position(s) that will be responsible to carry out the functions of eligibility determination, tenant selection, unit assignment, certification, and recertification.
13. Describe the level of knowledge the person performing these tasks is expected to possess. What is the frequency and type of continuing training that will be provided to this person to ensure on-going compliance with eligibility and record-keeping?
14. Describe the screening tools that will be utilized to ensure that deserving applicants are selected. Indicate whether credit reports, criminal history reports, and verifications of previous rental history will be included.

15. If applicants are subject to meeting a minimum income, please identify the minimum(s), explain the method used to arrive at it, and how it will be applied to certificate and voucher holders.
16. Disclose the minimum initial lease period required, and the method of subsequent renewals (i.e. month to month, annual).
17. Identify the location that the Agency may utilize to periodically review pertinent tax credit compliance records.
18. Describe the Agent's experience with affirmative marketing practices.
19. Describe the Agent's policy for accepting Section 8 certificates and vouchers.

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).

---

Signature of proposed management agent's authorized representative