exhibit 14T

authorized signor(s)

1. Applicability

All 4% Applicants shall submit authorized signor documents in the threshold Application.

1. Review the Ownership Entity and Qualified Development Team Tabs in the Application to ensure the number of, name(s), and title(s) of the authorized signor(s) match the organizational documents submitted in the Application.
2. Complete the following:

* Exhibit 14Ta: Project’s Ownership Entity
* Exhibit 14Tb: General Partner(s) or Managing Member(s) of the Project’s Ownership Entity and/or General Partner(s) or Managing Members(s) or other authorized entities of all such General Partner(s) or Managing Members

1. Upload one (1) pdf document to the Application’s Exhibits Tab for the Project’s Ownership Entity that includes:

* Exhibit 14Ta;
* An updated organizational chart. The organizational chart must show the entities, along with the signor(s) and titles of all individuals authorized to legally sign the Land Use Restrictive Covenants Agreement (LURA), and any other required LIHTC program document for the Ownership Entity and General Partner(s)/Managing Member(s); and
* Supporting documentation (refer to Section B below)

1. Upload one (1) pdf document to the Application’s Exhibits Tab for the General Partners/Managing Members of the Project’s Ownership Entity and/or other General Partners/Managing Members or authorized entities of all such General Partners/Managing Members that includes:

* Exhibit(s) 14Tb; and
* Supporting documentation (refer to Section B below)

1. Guidance

The following is provided for reference purposes only and is not intended to provide an all-inclusive listing of documents for authorizing signor(s). If uncertain what document(s) provide signatory authorization, seek the service of an attorney. Examples: Articles of Incorporation, Board Resolution, Operating Agreement,

Partnership Agreement and Secretary’s Certificate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ownership Entity Name** | OE 1, LP | | * Provide the limited partnership agreement & any related documents supporting authorized signors for the Ownership Entity. |
| **GP/MM Name(s)** | GP 17, LLC | General Partner of Owner | * Provide the operating agreement, along with documentation of member or manager action(s) for authorizing signors of the general partner (if applicable). |
| MM Group, LLC | Managing Member of General Partner | * Provide the operating agreement, along with documentation of member or manager action(s) for authorizing signors of the general partner (if applicable). |
| Managers, Inc. | Managing Member of Managing Member of GP | * Articles of Incorporation, along with the board resolution or secretary’s certification or other organizational document showing authorization of signor(s). |

1. Reminders

* If a document grants assignment rights or power of attorney, documentation of such shall be provided to IFA.
* If the authorizing document lists multiple authorized signors, the required number of signors should be clear for each type of authorization.
* If an election of managers or officers is required, documentation of the election shall be provided to IFA.

EXHIBIT 14Ta

**Ownership Entity - Authorized Representative and Signatory Certification**

**LIHTC Project Number and LIHTC Project Name (“PROJECT”):**  **-** ,

**Ownership Entity Name (“Ownership Entity”):**

***Check the applicable box, complete, and sign.***

Dated this      day of Insert Month, Insert Year, I, Insert Name, certify that I am legally authorized to act as a representative and signatory of Insert GP/MM Name, the Insert GP or MM of the Ownership Entity and can legally execute the LIHTC Carryover Allocation Agreement, LURA, and other program documents on behalf of the Ownership Entity of the above listed Project.

The organizational chart and supporting documents are attached.

Printed Name:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Dated this      day of Insert Month, Insert Year, we, Insert Names, certify that Insert Number (2 or more) authorized signatures are required to execute the LIHTC Carryover Allocation Agreement, LURA, and other program documents on behalf of the Ownership Entity of the above listed Project, and that we are legally authorized to act as representatives and signatories of Insert GP/MM Name, the Insert GP/MM of the Ownership Entity of the above listed Project.

The organizational chart and supporting documents are attached.

Printed Name:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF       }

} ss.

COUNTY OF       }

The foregoing instrument was acknowledged before me this       day of     , \_\_\_\_\_\_, by     .

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SEAL) Notary Public

EXHIBIT 14Tb

**General Partner/Managing Member - Authorized Representative and Signatory Certification**

**LIHTC Project Number and LIHTC Project Name (“PROJECT”):**  **-** ,

**Ownership Entity Name:**

**General Partner/Managing Member (“GP/MM”) Name:**

***Check the applicable box, complete and sign.***

Dated this      day of Insert Month, Insert Year, I, Insert Name, certify that I am legally authorized to act as the representative and signatory of Insert GP/MM Name, the Insert Role such as Sole Member, GP or MM, etc. of , and can legally execute the LIHTC Carryover Allocation Agreement, LURA, and other program documents on behalf of the above listed GP/MM and Ownership Entity.

The supporting documents are attached.

Printed Name:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Dated this      day of Insert Month, Insert Year, we, Insert Names, certify that Insert Number (2 or more) authorized signatures are required to execute the LIHTC Carryover Allocation Agreement, LURA, and other program documents for Insert GP/MM Name, the Insert Role such as Sole Member, GP, or MM, etc of      , and that we are legally authorized to act as representatives and signatories of the above listed GP/MM and Ownership Entity.

The supporting documents are attached.

Printed Name:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF       }

} ss.

COUNTY OF       }

The foregoing instrument was acknowledged before me this       day of     , ---------, by     .

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SEAL) Notary Public