exhibit 15t

state agency performance information

PART 1. AUTHORIZATION OF RELEASE OF INFORMATION AND PROJECT INFORMATION

SECTION 1. AUTHORIZATION OF RELEASE OF INFORMATION

Any Project team members associated with the Application who have materially participated in a development role in a LIHTC project shall complete this release. The development role includes: Developer(s), General Partner(s), managing member(s) and Ownership Interest.

Complete one Exhibit 15T for each State Agency in which the individual/entity has previously participated in or is currently participating in the Low-Income Housing Tax Credit (LIHTC) Program, including Iowa. Complete the following:

* Part 1 Section 1 (Authorization of Release of Information)
* Part 1 Section 2 (Project Information)
* Part 2 Section 1 ONLY (State Agency Performance Questionnaire)

E-mail Exhibit 15T to the appropriate State Agency **no later than March 11, 2020.**

For the State of Iowa, please submit to housingtaxcredits@iowafinance.com.

Upload copies of all completed 15T Part 1 for each state into the online Application as ONE document including a copy of the email sent to each State Agency.

The appropriate State Agency shall complete **Exhibit 15T Part 2** and return the fully completed Exhibit 15T to: [housingtaxcredits@iowafinance.com](mailto:housingtacxcredits@iowafinance.com) no later than **April 10, 2020.**

A. Applicant’s Proposed Project Name:

B. State Agency Name and Address:

|  |  |  |  |
| --- | --- | --- | --- |
| State Agency: | Agency Contact and Title: | | |
| Address: | City: | State: | Zip Code: |
| E-mail Address |  | | |

C. Certification

As a materially participating development team member, list all the projects the undersigned is associated with, including parent and affiliated companies, in this state. Any patterns or noncorrected noncompliance including other information that has been inadvertently omitted can be released to IFA including, but not limited to, any information regarding our firm as it relates to project development, project management, compliance, debarment, the curing of or failure to cure any project noncompliance and any formal or informal action taken with respect to our participation as an owner, developer or management agent in your LIHTC program and other programs for which we have participated in with your state agency.

D. Organizational Information

|  |  |
| --- | --- |
| Individual/Entity Name: | Individual/Entity QDT Role: |
| Mailing Address: | |
| Printed Name and Title of Representative:       , | |
| Authorized Representative Signature | Date Signed: |

|  |  |
| --- | --- |
| Parent/Affiliate Name: | Mailing Address: |
| Printed Name and Title of Representative       , | |
| Authorized Representative Signature | Date Signed |

\*Attach additional pages, if necessary

PART 1. AUTHORIZATION OF RELEASE OF INFORMATION AND PROJECT INFORMATION

SECTION 2. PROJECT INFORMATION

E. List all LIHTC properties developed or OWNED by the individual/entity listed on this 15T Part 1, Section 1-D.

| **Project Name:** | **Project Number:** | **Owner Entity Name:** | **Tax Identification Number:** | **Association:**  ***Developer = D***  ***Co-Developer = CO***  ***General Partner = GP***  ***Managing Member = MM***  ***Ownership Interest = O*** | **Management Company Overseeing the Project:** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*Attach additional pages, if necessary

F. List all the current and previous State Agency programs for which the individual/entity listed on this 15T Part 1, Section 1-D, have participated in, in addition to the LIHTC Program (i.e. HOME, CBDG, All Financial Lending Programs not listed in this example, use additional sheets if necessary):

|  |
| --- |
|  |
|  |
|  |

PART 2. STATE AGENCY PERFORMANCE QUESTIONNAIRE

SECTION 1. APPLICANT INFORMATION

A. IFA’s Applicant’s Proposed Project Name (From Part 1, Section 1-A):

B. State Agency Name (From Part 1, Section 1-B):

C. Individual/Entity (From Part 1, Section 1-D):

D. Parent/Affiliate Company (From Part 1, Section 1-D):

The individual/entity identified in Exhibit 15T Part 1, Section 1-D, has applied for an allocation of Low-Income Housing Tax Credits (LIHTC’s) in the State of Iowa and has provided a list of all LIHTC projects and/ or administered/sponsored programs that they have participated in, in your state. As part of the application review process, IFA examines previous and current participation, and performance history.

Please review the information provided by the applicant in Exhibits 15T Parts 1 Sections 1 and 2

Complete, sign and return Exhibit 15T Part 2 to: [housingtaxcredits@iowafinance.com](mailto:housingtaxcredits@iowafinance.com) by April 10, 2020.

SECTION 2. LIHTC COMPLIANCE PERFORMANCE

**1. Has any individual or entity had a history of repeated or significant tax credit compliance deficiencies or unsatisfactory performance?** Unsatisfactory includes, but is not limited to, a default of any obligation owed to the State in any of its programs or an uncorrected default between any individual or entity and the State.

Yes  No If yes, please explain:

|  |
| --- |
|  |

**2. Does Exhibit 15T Part 1, Section 2, include all the LIHTC projects owned or developed by the individual/entity in your state?**

Yes  No If no, list below (attach additional sheet if necessary).

|  |  |  |
| --- | --- | --- |
| Project Name | Owner Entity Name | Explain if there were negative or problematic reasons for not listing the project: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

PART 2 - SECTION 2 continued

**3. Has the individual/entity been issued an IRS Form 8823 indicating “no longer participating in program?**

Yes  No If yes, please explain:

|  |
| --- |
|  |

SECTION 3. OTHER PROGRAMS

**1. Does the individual/entity have a history of performing unsatisfactory in your state administered or sponsored programs?** Unsatisfactory includes, but is not limited to, a default of any obligation owed to the state in any of its programs or an uncorrected default between the entity and the state.

Yes  No If Yes, please explain. **PROGRAM NAME**:

|  |
| --- |
|  |

**2. Is the individual/entity in default of any obligation owed to your State in any of its programs or an uncorrected default between the entity and the State?**

Yes  No If yes, please explain.

|  |
| --- |
|  |

Print Name & Title of person who completed this form:

     ,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:

Your assistance with this process is appreciated. If you have any questions regarding this form, please contact the IFA LIHTC Team at [housingtaxcredits@iowafinance.com](mailto:housingtaxcredits@iowafinance.com).