**exhibit 15ta**

**AUTHORIZATION OF RELEASE OF INFORMATION for PROJECT INFORMATION**

**The Applicant shall fully complete and submit Exhibit 15Ta Authorization of Release of Information for Project Information to the appropriate state agency along with Exhibit 15Tb State Agency Performance Information. The Applicant shall complete Section A, B, & G. on 15Tb before sending.**

**The state agency shall complete Exhibit 15Tb Sections C, D, E and F. The state agency shall return the fully completed Exhibit 15Tb to:** **housingtaxcredits@iowafinance.com** **no later than June 14, 2021.**

**Applicant shall upload copies of all completed 15Ta and 15Tb sent each state into the online Application as ONE document including a copy of the email sent to each State Agency.**

1. **Applicant – LIsT ALL Proposed Project(s) WHICH WILL BE SUBMITTED TO the iowa finance authority (ifa) and will INCLUDE THE oRGANIZATION lISTED IN Section D. below:**

     ,      ,      ,

**B. State Agency Name and Address:**

|  |  |
| --- | --- |
| State 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