Kentucky Housing Corporation Management Company Experience Certification

Management Company:	Principal:				
State Agency:	State Agency Contact:				
Housing Credit and/or Federally-Funded Project Experience					
In connection with an application for Low-Income Housing Tax Cre	edit (Housing Credit) and/or other federal funds being submitted to				
Kentucky Housing Corporation (KHC),	(MANAGEMENT COMPANY), has property				
management experience in Housing Credit and/or other federally-f	funded projects in (STATE), as listed in the table				
below.					
Please confirm the property management experience represented (MANAGEMENT CO returning it to KHC by the date noted in the Qualified Allocation Pla emailed to KHC's Managing Director of Multifamily Programs, at m Corporation, 1231 Louisville Road, Frankfort, Kentucky 40601, Atte	OMPANY) by completing and signing this certification form and an and Multifamily Guidelines. Completed certifications can be aultifamily@kyhousing.org, or by mail to Kentucky Housing				
Note: The requested information is only in regard to the property m	nanagement experience of Housing Credit and/or other federally-				
funded projects of(N	MANAGEMENT COMPANY) in (STATE).				
Ctate Allegating Agency	Confirmed hy				
State Allocating Agency:	Confirmed by:				
Date:	Signature:				
Phone Number:	Email:				

f (MANAGEMENT COMPANY) has a record of unsatisfactory performance,							
oncompliance, debarment or material misrepresentation in		(STATE), please describe below:					
	(MANAGEMENT COMPA	NV) bas listo	d in the cell	s bolow a	II housing d	volonmont	
rojects in (S	TATE) in which it is the current or propo	-			-	-	
					<u> </u>		
Project Name	Project Street Address	Total Project Units	Total Income Restricted Units	Total Housing Credit Units	Completion Percentage	Completion Date	