**ATTACHMENT C**

**IDENTITY OF INTEREST**

**Prepare an organizational chart for each member of the Development Team listing the entity, and all applicable stockholders, directors, officers, members, managers, trusts, trustees, etc. including full names and addresses and percentage of ownership and voting rights. If a sole proprietorship, state the same.**

The above is a basic flow chart. Prepare one using all of the listings in the first paragraph for anyone at all that has an interest in any member of the Development Team.

**ATTACHMENT C**

**(Continued)**

**Please provide this form of verification for all members of the Development Team: This is a sample only. Contact your attorney if you have any questions for completing this form regarding identity of interest. ADFA assumes no responsibility as to its correctness**.

VERIFICATION

STATE OF Click here to enter text.

COUNTY OF Click here to enter text.

 KNOW ALL MEN THAT the undersigned certified that the following statements are correct pertaining to the tax credit application submitted by Click here to enter text. (“Applicant”):

 1. the following development team entities are related entities to Click here to enter text. (the “General Partner”) in that they have some common members and/or principals:

 a. Click here to enter text.

 b. Click here to enter text.

 c. Click here to enter text.

 d. Click here to enter text.

 2. Click here to enter text., the General Partner does have an economic interest in the development (as defined by the Guidelines for Multifamily Housing Application published in conjunction with the Housing Credit Program Qualified Allocation Plan (QAP), both documents being published by the Arkansas Development Finance Authority) in that it has an Click here to enter text. ownership in Click here to enter text..

 IN WITNESS WHEREOF I, the undersigned have executed this Verification on this Click here to enter text. day of Click here to enter text., Click here to enter text., in the City of Click here to enter text., Click here to enter text. for the benefit of the Arkansas Development Finance Authority.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 General Partner

 By: Click here to enter text.

 Name: Click here to enter text.

 Title: Click here to enter text.

STATE OF Click here to enter text.

COUNTY OF Click here to enter text.

 On this day before me, a Notary Public, duly commissioned, qualified and acting, within and for the said County and State, appeared in person the within named Click here to enter text., to me personally well known, who stated that Click here to enter text. is the Click here to enter text. of Click here to enter text., the Click here to enter text. of Click here to enter text., and is duly authorized in such capacity to execute the foregoing instrument for and in the name of Click here to enter text., and further stated and acknowledged that Click here to enter text. had so signed, executed and delivered said foregoing instrument for the consideration, uses and purposes therein mentioned and set forth.

 IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this Click here to enter text. day of Click here to enter text., Click here to enter text..

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

My commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS IS A FORM ONLY. CONTACT YOUR ATTORNEY SHOULD YOU HAVE ANY QUESTIONS REGARDING IDENTITY OF INTEREST IN THE DEVELOPMENT TEAM MEMBERS. ADFA ASSUMES NO RESPONSIBILITY AS TO ITS CORRECTNESS.