	Schedule A – M	lanagement Releva	nt Experience		
Complete the information be	elow for each project your company current	ly manages. Make copi	es of this form a	s needed. Make full disclo	sure.
		ntact Person:			
Management Firm:		Telephone:			
1. Project Name	2. Project location (city,	3. Project	Total No.	4. Date Project	5. Month & year
	state)	Type (LIHTC,	Units and	Placed in Service	management began
		HOME, other)	No. Low		and ended
			Income		
			Units		
		1	1		m 022 01/2024

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