

# NOTICE OF INTENT TO TRANSFER PARTNERSHIP INTEREST

Notice to be completed prior to transfer of title, change in partnership name, corporate name or status. Requested documentation from page 2 to be supplied after closing.

PROJECT NAME ("PROJECT"): \_\_\_\_\_

AWARD YEAR: \_\_\_\_\_ AGENCY PROJECT #: \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_

## Current Owner's Information

Legal name of project owner or ownership entity to whom credits were allocated:

\_\_\_\_\_

Legal name of current project owner or ownership entity (if different from above):

\_\_\_\_\_

Current Owner Federal Tax ID #: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_  Proposed  Actual

Indicate Type of Change:

Transfer of Partnership Interest

Other (Provide Explanation): \_\_\_\_\_

What is the purpose of the change in ownership structure?

Exit of investor member or limited partner

Addition of a nonprofit member or partner

Other (Provide Explanation): \_\_\_\_\_

Does the Project have an NCHFA Loan:  Yes  No

If yes, list the source: \_\_\_\_\_

Is the Project in the nonprofit set-aside:  Yes  No

If yes (or if uncertain), list the tax-exempt status of proposed members/partners: \_\_\_\_\_

## New or Updated Owner's Information

Ownership Entity: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_



The execution and delivery of this form has been duly authorized by all necessary corporate action and, to the best of Borrower's knowledge, will not cause a default under or conflict with any other agreement. Owner understands and agrees that the changes described herein must:

- 1) Comply with the applicable Qualified Allocation Plan and
- 2) Not materially change the experience level described in the Project application under which credits were awarded, unless variations from either or both are approved by NCHFA (which approval is granted by execution of this form).

**TRANSFERRING OWNER/PARTNER:**

\_\_\_\_\_, A North Carolina limited liability company/partnership

By \_\_\_\_\_, its managing member/general partner

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**NEW OWNER/PARTNER:**

\_\_\_\_\_, A North Carolina limited liability company/partnership

By \_\_\_\_\_, its managing member/general partner

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide the following documentation (Attach all that apply).**

**For transfer of ownership and for change in partnership name/status:**

- Amended or new Partnership Agreement; OR
- Transfer and Transition Agreement

**Agency Approval Authorized:**

This will be executed by the authorized person from NCHFA once completed form is received, along with required pre-closing documentation and appropriate fees:

NCHFA Signature: \_\_\_\_\_

Date: \_\_\_\_\_

