

EXHIBIT Y

**South Carolina State Housing Finance and Development Authority
Management Experience Certification**

The Proposed Management Entity, _____, certifies that its management portfolio includes the three LIHTC properties listed below and that the Proposed Management Entity has successfully and continuously managed for the previous three years ending with the date of the Tax Credit Application:

LIHTC Property Name #1:

LIHTC Property Address #1:

LIHTC Property Name #2:

LIHTC Property Address #2:

LIHTC Property Name #3:

LIHTC Property Address #3:

The Proposed Entity has included its management plan attached to Exhibit Y and certifies that the management plan addresses all of the following:

- a. separation of duties and adequate supervision of employees;
- b. senior management oversight and review through internal audits;
- c. staffing dedicated to compliance reviews of tenant eligibility and programmatic documentation;
- d. approval process for evictions by consensus of senior or regional managers;
- e. physical inspection policies (frequency, generation of work orders, lease violations for housekeeping or other noncompliant resident behaviors);
- f. recordkeeping (tenant certifications, annual owner certifications, HOME Rent Approvals, if applicable, etc.);
- g. security of records containing personally identifiable and other protected information
- h. marketing plan and marketing efforts;
- i. reasonable accommodation plans and policies; and/or
- j. procedures for addressing tenant complaints.

The Proposed Management Entity certifies that its LIHTC portfolio has met the following continuously for the six months prior to the date of application:

- a. an average occupancy rate \geq 90% across the portfolio for all projects that have reached stabilization;
- b. an average monthly collection of 90% of resident receivables (rents paid) across the portfolio for all projects;
- c. all vacant units returned to a market ready condition within 30 days, unless vacancy is due to casualty loss or ongoing rehabilitation

The undersigned hereby certifies and acknowledges that the South Carolina State Housing Finance and Development Authority may rely upon this certification in making an allocation of tax credits.

Management Entity Representative: _____

Date: _____

Signature: _____