

# NOTICE OF INTENT TO TRANSFER PARTNERSHIP/MEMBER INTEREST

To be completed prior change in partnership interest. Requested documentation from page 2 to be supplied before closing. Form must be completed and fee must be paid prior to processing.

NOTE: Cannot be completed within first TWO years of PIS date of property.

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 participate in the Targeting Program:  Yes  No

If yes, does the new partner/member plan to continue to participate:  Yes  No

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 Partner/Member Information

Partnership/Member 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 Owner'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 PARTNER/MEMBER:**

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

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

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

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

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

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

**NEW PARTNER/MEMBER:**

\_\_\_\_\_, 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 partnership and for change in partnership name/status:**

- Amended or new Partnership Agreement; OR
- Transfer and Transition Agreement; AND
- Draft Closing Statement or disclosure of any cash out, including an explanation of cash out;
- Certificate of Good Standing from the NC Secretary of State no older than 90 days from the date of this notice, if applicable;
- Copy of completed Notice of Intent to Transfer Ownership; to Change Owner Name/Status Form
- Required Fee:** A \$500 Partnership change fee for all properties *(Note: new fee schedule is for all changes with an effective date of 10/1/2025 or later)*

**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: \_\_\_\_\_

