

REQUEST FOR CHANGE IN OWNERSHIP AND/OR MANAGEMENT AGENT

Please complete all sections that apply and return this form and any supporting documents to: Owner-MgmtChange@virginiahousing.com

| Section I: | | TY INFORMATIO | | ortv | | | |
|--|------------------------------|----------------------------|---------------|-------|--------------|------|---|
| | e arrected, p | please IIII out a Tol | ili pei piop | City | · VHDA #: | | |
| Property Name: | | City: | | | | | |
| Street Address (No P.O. Box): | P.O. Box): | | | State | e: Zi | ip: | |
| | | de a copy of the EUA a | nd any amend | dmen | its | | |
| If "yes", is the Property within its 15-year compliance pe | eriod? Yes [| No 🔲 | | | | | |
| Is there a VHDA loan on the Property? Yes No | | | | | | | |
| Was the Property built before 1978? Yes No | | | | | | | |
| Mortgagor (if applicable): | | | | | | | |
| Today's Date: | Anticipated Date of Change: | | | | | | |
| Does this property require non-profit involvement? Yes | S No No | | | | | | |
| Is there a Right of First Refusal?: \(\sum \text{ Yes} \) \(\sum \text{ No} \) If "yes | s", please pro | vide a copy | | | | | |
| Name of the Non-Profit/Party That Holds the ROFR: | | | | | | | |
| Contact Name: | Phone Number: Email Address: | | | | | | |
| Street Address (No P.O. Box): | | City: | St | ate: | | Zip: | |
| Section II: MAN | AGEMEN | T AGENT INFOR | MATION | | | | |
| Is there a N | lanagement C | Change? Yes 🗌 No 🗌 | | | | | |
| (If yes, complet | te this Section | II. If no, skip to Section | on III) | | | | |
| Legal Ownership Name: | | | | | | | |
| Legal Name of Current Agent: | | | | | | | |
| Legal Name of New Agent: | | | | | Monthly Fe | e: | % |
| Agent must seek Approval of Owner Expenditures excee | eding: \$ | [§ 5.03(b) of HMA]- | relating main | tena | nce and repa | irs | |

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Section III: OWNERSHIP CHANGE INFORMATION

Please select the type of change that is occurring: (A) a full transfer and assumption **OR** (B) a transfer of ownership interests.

If additional space is needed to adequately describe the details of this change, please include additional sheets with such details.

| Section III (A): FULL TRANSFER | R AND ASSUMPTION | | | | | |
|---|---|---------------|---|------------------|----------------------|--|
| ☐ The Mortgagor will change | e and the title of the property will be convey | ed to the | new Mortgag | or | | |
| Please provide the following it | ems ONLY if the property has Virginia Housi | ng financiı | ng: | | | |
| Certificate of Good State Corporation Commiss | anding: A Certificate of Good Standing for the sion. | e Transfer | ee (the new N | ∕lortgagor) fron | n the Virginia State | |
| 2. <u>Organizational Charts:</u> | Organizational charts detailing both the co | urrent and | l proposed or | ganizational str | uctures. | |
| received a Processing | to or simultaneously with the Authority issu Fee in the amount of Ten Thousand Dollars C). An invoice and payment instructions will I | and Zero | Cents (\$10,0 | | | |
| | CONTACT INFORMATION FOR | TRANS | FEROR | | | |
| | (current owner) | | | | | |
| Legal Ownership Name: Taxpayer ID #: | | | Were Tax Credits Allocated to This Owner? Yes No | | | |
| c/o: | Phone Number: | | Email Addre | No 🗌 | | |
| Street Address (No P.O. Box): | Street Address (No P.O. Box): City: | | | State: | Zip: | |
| | ATTORNEY CONTACT INFORMATION FO | R TRANSI | EROR | | | |
| Firm Name: | | | Email Addre | ess: | | |
| c/o: | | Phone Number: | | | | |
| Street Address (No P.O. Box): | | City: | , | State: | Zip: | |
| | CONTACT INFORMATION FOR (proposed owner) | TRANS | FEREE | | | |
| Legal Ownership Name: Taxpayer ID #: | | | | State of the Or | ganization: | |
| c/o: | Phone Number: | | Email Addre | ess: | | |
| Street Address (No P.O. Box): City: | | State: | | Zip: | | |
| | ATTORNEY CONTACT INFORMATION FO | OR TRANS | FEREE | | | |
| Firm Name: | | | Email Addre | ?SS: | | |
| c/o: | | | Phone N | umber: | | |
| Street Address (No P.O. Box): | | City: | 1 | State: | Zip: | |

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| ☐ An | B): TRANSFER OF INTERESTS ownership interest in the Mortgagor will be ditle to the property will remain in the na | | | al or e | entity. The Mortgagor v | vill remain the same | | |
|---|--|-------------------|---|--|--------------------------|----------------------|--|--|
| Please p | provide the following items ONLY if the prop | perty has Virgini | ia Housing finan | cing: | | | | |
| 1. | Certificate of Good Standing: A Certificate of Good Standing for the Transferees from the Virginia State Corporation Commission. | | | | | | | |
| 2. | . Organizational Charts: Organizational charts detailing both the current and proposed organizational structures. | | | | | | | |
| 3. Processing Fee : Prior to or simultaneously with the Authority issuing a final Letter of Approval, the Authority must have received a Processing Fee in the amount of Five Thousand Dollars and Zero Cents (\$5,000.00) per transfer, as authorized by 13VAC10-20-110(C). An invoice and payment instructions will be provided. | | | | | | | | |
| | Name of Entity | | Type of Interest (General Partner, Limited Partner, or LLC) | | ercent of Interest in Mo | ortgagor Transferred | | |
| Transferors: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Transferees: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| CONTACT INFORMATION FOR TRANSFERORS (current owner) | | | | | | | | |
| Legal Ownership Name: Taxpayer ID #: | | | | Were Tax Credits Allocated to this Owner? Yes No | | | | |
| c/o: | Phone Number: | | Er | Email Address: | | | | |
| Street Address | eet Address (No P.O. Box): City: | | | | State: Zip: | | | |
| | ATTORNEY CON | TACT INFORMA | TION FOR TRAN | SFER | OR | | | |
| Firm Name: Email Address: | | | | | | | | |
| c/o: | | | | | Phone Number: | | | |
| Street Addres | s (No P.O. Box): | | City: | | State: | Zip: | | |

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| C | ONTACT INFORMATION FOR TR (proposed owner) | ANSFERE | ES . | | | |
|-------------------------------|---|----------------|--------------|-------------------------------|--|--|
| Legal Ownership Name: | | | State of the | Organization: | | |
| Taxpayer ID #: | | | | | | |
| c/o: | Phone Number: | Email | Address: | | | |
| Street Address (No P.O. Box): | Cit | y: | State: | Zip: | | |
| | ATTORNEY CONTACT INFORMATION FOR | TRANSFEREE | | | | |
| Firm Name: | | Email Address: | | | | |
| c/o: | | Ph | one Number: | e Number: | | |
| Street Address (No P.O. Box): | Cit | y: | State: | Zip: | | |
| | COMMENTS | | | | | |
| | ay act and rely upon the information and rep to the best of my knowledge and belief. Titl Phone: | | | further certify that Date: | | |
| | | | | | | |
| | NOTES (Internal Use On | ly) | | | | |
| | | | | | | |

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