

# Authorization of Release of Information

The Authorization of Release of Information and the Certification of Experience Outside of Nebraska needs to be completed for the developer and owner. These forms will need to be submitted to the appropriate Housing Finance Agency (HFA) for those states each of the above do business in.

Copies of all forms sent (including correspondence to other HFA) needs to be uploaded into Exhibit 206. The Applicant/Owner will need to complete sections I, II, and V. The HFA will need to complete the sections III, IV, and VI of the Certification of Experience Outside of Nebraska and submit to: [txcr.multifamily@nifa.org](mailto:txcr.multifamily@nifa.org).

List the project(s) which will be submitted to the Nebraska Investment Finance Authority (NIFA) in the upcoming application round.

Housing Finance Agency Name and Address

State Agency:	Contact and Title:		
Address:	City:	State:	Zip:
Email Address:			

Certification:  
The undersigned hereby authorizes the agency named above to release to NIFA information regarding any low-income housing development that the agency monitors, in which the organization, entity, or individual listed below has participated or is currently participating in.

Organization/Entity/Individual: \_\_\_\_\_

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

Printed Name and Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

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

# Certification of Experience – Applicant and Owner

- I. List the Organization/Entity/Individual that is part of the development team that is applying for Low-Income Housing Tax Credits in the State of Nebraska and completing this form (developer and owner):
- II. List the name of each proposed development which will be submitted to NIFA in the next application cycle that is listed in Section I above:

Project Name	Applicant	Owner

- III. Housing Finance Agency: \_\_\_\_\_  
 Name and Title of Person: \_\_\_\_\_  
  
 Email Address: \_\_\_\_\_  
  
 Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Finance Agency – Please return this completed document via email to [txcr.multifamily@nifa.org](mailto:txcr.multifamily@nifa.org)

- IV. Compliance – Does the organization/entity/individual listed in Section I, have a history of repeated or significant low-income housing tax credit compliance deficiencies or unsatisfactory performance on any development? **Yes** or **No** ;  
 Does the organization/entity/individual have uncorrected 8823 issues? **Yes** or **No**  
**Describe if yes to either of these questions.**

V. List the developments in which the applicant has received a conditional reservation.

<b>Project Name</b>	<b>Project Number</b>	<b>Owner Entity Name</b>	<b>Tax ID #</b>	<b>8609's Issued</b>

VI. Please provide performance information that would be beneficial for NIFA to know for any program in your state.