Form 1

South Carolina State Housing Finance and Development Authority

2020 Developer Certification For Project Rejection Form

The undersigned represents to the South Carolina State Housing Finance and Development Authority as follows:

1. The undersigned is the duly authorized representative of _____, the Applicant submitting a Low Income Housing Tax Credit Application for a development known as _____, located in or near the City/Town of _____, _____ _____, _____, County, South Carolina.
   (address) *(city)* (zip) (county)
2. The undersigned is aware that Low Income Housing Tax Credit Applications are submitted to provide information regarding several aspects of a proposed development, including information regarding the suitability of the site and market proposed as the location for the development.
3. The undersigned is aware that an inspection of the site proposed as the location for the development as well as nearby and adjacent properties may reveal the existence of one or more conditions that might render the site and/or market unsuitable as a location for the proposed development.
4. The undersigned, on behalf of the Applicant, hereby consents to the analysis of the market and the inspection of the site proposed as the location of the proposed development, as well as the inspection of such adjacent or nearby property as the staff of the Authority deems necessary to determine the presence or absence of hazards, dangers, risks or negative characteristics that might render the proposed site unsuitable as the location of the proposed development.
5. The undersigned, on behalf of the Applicant, acknowledges that, if any detrimental site characteristics are determined to exist on, adjacent to, or within such distance as the staff of the Authority may determine to have a negative impact on the proposed site, such site will be rejected by the Authority depending on the detrimental site characteristic(s) discovered.
6. The undersigned, on behalf of the Applicant, acknowledges that the Low Income Housing Tax Credit Application submitted by the Applicant will be reviewed by the Staff of the Authority to determine whether or not said Application meets the minimum standards in order to compete for low income housing tax credits during the Authority's application process.
7. The undersigned, on behalf of the Applicant, agrees to accept the determination of the Authority with regard to the market and the presence or absence of detrimental site characteristics, as well as the determination as to whether Applicant's Low Income Tax Credit Application meets minimum standards in order to compete in the Authority's application process.
8. The undersigned, on behalf of the Applicant, agrees that the determination made with regard to the Application by the Staff of the Authority is final and is not subject to further review, all as provided in the Qualified Allocation Plan.

Applicant: _____ **Date:**_____

By: _____