



**ATTACHMENT 22  
Management Company Experience**

**Management Company Name:** \_\_\_\_\_

|    | Project Name & Address | TCAC (or other) Project Identification Number, If Applicable | TCAC Identify Special Needs Projects, If Applicable | Month, Day, & Year the Project was Placed-In-Service | Month, Day & Year Management Company Participation Began | Month, Day & Year Management Company Participation Ended, If Applicable* | Full Number of Years of Management Company Participation, After Project Placed-In-Service** | Number of Low Income Units*** | Number of Affordable Special Needs Units |
|----|------------------------|--|---|--|--|--|---|-------------------------------|--|
| 1. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 2. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 3. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 4. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 5. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 6. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 7. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 8. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |

**2020 TCAC WORKSHEET TO DETERMINE MANAGEMENT COMPANY EXPERIENCE MUST BE COMPLETED AND SIGNED, PLEASE CONTINUE ON NEXT PAGE.**

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|-----|------------------------|--|---|--|--|--|---|-------------------------------|--|
| 9.  |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 10. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |
| 11. |                        |  | <input type="checkbox"/>                            |  |  |  |   |                               |  |

Check this box if you are applying through the Nonprofit or Special Needs set-asides AND requesting points specifically for special needs housing type projects. For each above-listed project, at least 45% of the affordable units must serve special needs tenants. Points will only be awarded to special needs housing type projects.

Management Companies managing less than 2 active California Low-Income Housing Tax Credit projects for more than three years, and management companies for projects requesting points under the special needs categories and managing no active California Low-Income Housing Tax Credit projects for more than 3 years, shall contract with a bona-fide management company currently managing 2 California Low Income Housing Tax Credit projects for more than three years and which itself earns a minimum combined total of 2 points at the time of application. Please provide a separate Attachment 22 form for the bona-fide management company that currently operates tax credit projects in California and which itself earns a minimum combined total of 2 points at the time of application. Please refer to Tab 22 of the 2020 Application Checklist in the Excel application for additional requirements.

\* Projects previously managed, the ending date of the property management role must be no more than 10 years from the application deadline.

\*\* Management Company experience with a project shall not pre-date the project's placed-in-service date. In addition, do NOT round up the amount of time or experience. For example, 2 years 11 months of G.P. experience is only 2 full years of experience, not 3 years.

\*\*\* Project must have more than 10 affordable units and be subject to a recorded regulatory agreement.

\_\_\_\_\_  
PRINT MANAGEMENT COMPANY NAME

\_\_\_\_\_  
MANAGEMENT PRINCIPAL SIGNATURE

\_\_\_\_\_  
PRINT MANAGEMENT PRINCIPAL NAME

\_\_\_\_\_  
DATE