**FORCE MAJEURE CARRYOVER ALLOCATION AGREEMENT (CAA) QUESTIONNAIRE**

**Submit this questionnaire if the ownership structure changed after the original CAA was issued**

**(Submit this form to update other information below if applicable)**

***Email this questionnaire to*** ben.sheppard@tdhca.texas.gov.

State the application number of the CAA that the 2025 force majeure CAA will replace:      .

State the development’s name:      .

State the application number of your force majeure CAA (if known):      .

If the organizational structure reflected by the signature block of the 2025 force majeure CAA differs from that of the CAA that it will replace, present the updated signature block below, and update the owner’s address and contact information as applicable. If the signature block must be updated, **provide the letter or amendment summary from TDHCA that confirmed approval of the updated organizational structure**. The names of each organization reflected in the 2025 force majeure CAA signature block must exactly match the spelling, punctuation, etc., of the names registered with the secretary of state of the state in which the organization was formed. **The new organizations should be documented by submission of the current record from the Texas or foreign state SOS website showing that such organizations are formed and active.** Submit documents from the SOS websites instead of the documents actually filed unless the filings are marked as registered by the applicable SOS. Present the signature block in the following format:

**NAME OF OWNER, LP,** a Texas limited partnership

By: NAME OF GENERAL PARTNER LLC, a Texas limited liability company, its general partner

By: NAME OF MEMBER OF GENERAL PARTNER LLC, a Texas limited liability company, its managing member

By:

Name, Title

Using the format above, indicate the signature block below. It is not necessary to bold or indent the names. The space will expand to contain your input.

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**State the EIN of the new Development Owner or state, “unchanged”:**

State the Development Owner’s full address below. PO boxes are not acceptable addresses.

|  |
| --- |
| Street # & name incl. St, Ave, etc., suite #: |
| City, state abbreviation, and zip code: |

Owner (person):       Email:       Phone:

Contact #1:       Email:       Phone:

Contact #2:       Email:       Phone:

**Detail any other changes that are relevant to the carryover allocation agreement**: