

**COMPLIANCE YEAR 2014  
OWNER CERTIFICATION  
for HOME and/or LOW-INCOME HOUSING TAX CREDITS (LIHTC)**

**PART A**

**Certification Period:** January 1, 2014 - December 31, 2014

**I. PROJECT INFORMATION**

Owner (L.P. or L.L.C.) \_\_\_\_\_  
 Sponsor / Developer \_\_\_\_\_  
 Project / Cluster Name \_\_\_\_\_  
 Person Preparing Form \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
 Email \_\_\_\_\_

List below each building in project:

Building Address	Tax Credit Bldg. ID No. (BIN)	A. LIHTC Qualified Units*	B. Other Residential Rental Units	C. Non- Rental Super Units	D. Total Units (A+B+C)	E. HOME Units
<b>Project Totals:</b>						

\* Non Tax Credit qualified super units must be included in column C.

**II. OWNER INFORMATION**

Current Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: (     ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Tax ID Number: \_\_\_\_\_

**III. MANAGING AGENT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: (     ) \_\_\_\_\_  
 Email: \_\_\_\_\_