COMPLIANCE YEAR 2016
OWNER CERTIFICATION
for HOME and/or LOW-INCOME HOUSING TAX CREDITS (LIHTC)

PART A

Certification Period: January 1, 2016 - December 31, 2016

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
	Project Totals:					

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

Heating Information (pick one)

[ ] Radiant Heat - furnace fuelled by oil natural gas propane (circle one)
[ ] Forced Air Heat - furnace fuelled by oil natural gas propane (circle one)
[ ] Packaged Terminal Air Conditioning

II. OWNER INFORMATION

Current Owner: _____

Address: _____

_____

_____

Contact Person: _____

Phone: ( ) _____

Email: _____

Tax ID Number: _____

III. MANAGING AGENT INFORMATION

Name: _____

Address: _____

_____

_____

Contact Person: _____

Phone: ( ) _____

Email: _____