

California Resyndication Clarification Form

*For existing households that qualified under the original allocation of credits and now exceed the **current** tax credit income limits at resyndication.*

1. Name of Tax Credit Property: _____
2. BIN Number: _____
3. Household Name: _____
4. Original Move-in Date: _____
5. Original Unit and BIN Number: _____
6. Number of Members in Original Household: _____
7. Is the Original Household currently eligible at Resyndication? Yes No
8. Is this Household eligible to be Grandfathered as a Tax Credit Unit? Yes No
9. Is a complete copy of the Initial Move-In Certification Attached? Yes No
10. If not, what complete subsequent certification is attached? _____
11. What is the most current Certification Date for this household? _____
12. Current Household Income: \$ _____

Certification by Owner/Manager Company Agent:

I certify that the above information is true and correct the best of our ability. The Owner has provided either the **Initial Move-In Certification** for this original household or **the next most-current completed recertification** to show the household was initially an income eligible household under the old allocation of tax credits for this project.

Print Name: _____

Signature: _____ Date: _____

Title: _____

