

Resyndication Clarification

Form

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

1. Name of tax credit property: _____
2. Original project number: _____
3. Resyndicated project number: _____
4. Household name: _____
5. Original move-in date: _____
6. Original unit and building number: _____
7. Number of members in original household: _____
8. Original household, currently income eligible at resyndication? _____
9. Current household eligible to be grandfathered, as a tax credit unit? _____
10. Is a complete copy of initial move-in certification attached? _____
11. If No was answered for question 10, what complete subsequent certification is attached? _____
12. Most current certification date for household: _____
13. Current income of household: _____

Certification by Owner/ Manager Company Agent:

Print Name: _____

Signature: _____ Date: _____

Title: _____

*I certify that the above information is true and correct to 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.*

