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.