## Attachment B

## CALIFORNIA TAX CREDIT ALLOCATION COMMITTEE 915 Capitol Mall, Room 485, Sacramento, CA 95814

## 2011 ASSET MANAGEMENT FEE ELECTION ARRA AWARDEE- GAP FILLER PROJECTS ONLY

Project Name: Project Location:		
Proj	iect No:	
as no	RPOSE OF FORM: This form is to request an elected below for payment of Asset Management Fernmittee.	
ONE	E-TIME IRREVOCABLE ASSET MANAGEN	MENT FEE ELECTION:
Choi	ice #1:	
	Regular Payment: I elect to remit an Asset Ma 15-year asset management monitoring term.	anagement fee on an annual basis during the
Choi	ice #2:	
	One-time Advanced Payment: I elect to remit a one-time advanced Asset Management fee to cover the 15-year asset management monitoring term.	
Choi	ice #3:	
	Split Payment Fee: I elect to remit one-half (50%) of total Asset Management fee as an advanced payment with the remaining asset management fee due and payable in 14 equal installments annually during the 15-year asset management monitoring term.	
Unde corre	er penalty of perjury, I certify that the information ect.	and the statements above are true and
Signature of General Partner:		Title:
Print Name:		Date Signed: