

Attachment A

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

**2011 ASSET MANAGEMENT SERVICES ELECTION
ARRA AWARDEE- GAP FILLER PROJECTS ONLY**

Project Name:
Project Location:

Project No:

PURPOSE OF FORM: This form is to request an election of your choice of either Option 1, or Option 2 when it comes to Asset Management monitoring services for ARRA Gap filler projects.

ONE-TIME IRREVOCABLE ASSET MANAGEMENT FEE ELECTION:

Check the box next to your choice for Asset Management monitoring services and associated fees:

Option 1:

- Share Asset Management information with CTCAC: I elect to enter in Cooperation Agreement with my tax credit syndicator or investor firm and CTCAC to share Asset Management information during the 15-year asset management monitoring term. Attached is a copy of the completed Cooperation Agreement as evidence of our agreement.

Option 2:

- Asset Management Monitoring Services and fees: I elect to be included in CTCAC ARRA portfolio and be subject to Asset Management monitoring services and remit Asset Management fee to CTCAC on an annual basis during the 15-year asset management monitoring term. **(Complete, sign, and date this form and Attachment B)**

Under penalty of perjury, I certify that the information and the statements above are true and correct.

Signature of General Partner:

Title:

Print Name:

Date Signed: