

## Resyndication Clarification Form

*For existing households that qualified under the original allocation of credits and now exceed the current tax credit limits at resyndication. Please print on colored paper.*

1. Name of tax credit property: \_\_\_\_\_
2. Original CTCAC project number: \_\_\_\_\_
3. Resyndicated CTCAC 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 under penalty of perjury 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.*