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.

CA Tax Credit Allocation Committee  (March 2013)