Resyndication Clarification Form
(Print on colored paper)

For existing households that qualified under the original allocation of credits.

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. Is a complete copy of the move-in certification attached?_____
7. If no, what subsequent complete certification is attached?_____
8. Current certification anniversary date for the household:_____

Certification by Owner/Management 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 ***original initial move-in certification*** *for this household or* ***a prior complete recertification with income documentation*** *to show the household was income eligible under the prior allocation of tax credits for this project.*