

## Resyndication Clarification Form

(Please print on colored paper)

For existing households that qualified under the original allocation of credits and now exceed the current tax credit limits at resyndication.

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 the original household \_\_\_\_\_
8. Is the original household currently income eligible at resyndicator \_\_\_\_\_
9. Is the current household eligible to be grandfathered as a tax credit unit? \_\_\_\_\_
10. Is a complete copy of the move-in certification attached \_\_\_\_\_
11. If No, what subsequent complete certification is attached \_\_\_\_\_
12. Current certification date for the household \_\_\_\_\_
13. Current Income 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 **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.*