

RETURN OF HOUSING TAX CREDIT

HTC Project#: _____

Project Name: _____

Address: _____

City, State, Zip: _____

Owner per Carryover
Agreement: _____

Date Carryover
Agreement issued: _____

Amount of Annual
Credit being returned: _____

Reason(s) for return of Credit:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Project reduced in size

Could not obtain an equity investor

Final financing approval not received

Other (please explain):

Signature of Owner
or Authorized Representative: _____

Typed/printed name of Owner
or Authorized Representative: _____

Title: _____

Date: _____



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