

NORTHERN NEW ENGLAND HOUSING INVESTMENT FUND

INITIAL QUALIFIED OCCUPANCY SUMMARY

Partnership Name: _____ Report Date: _____

Property Name: _____ Prepared by: _____

Placed in Service Date: _____

Certificate of Occupancy Date: _____
(if multiple buildings with various CO dates, please provide details)

YEAR _____	Report data as of month end	J	F	M	A	M	J	J	A	S	O	N	D
1. TOTAL NUMBER (Total units in Project) _____													
2. ACTUAL QUALIFIED OCCUPIED (Units occupied by Qualified Tenants at month end)		—	—	—	—	—	—	—	—	—	—	—	—
3. ACTUAL QUALIFIED VACANT (Vacant units previously occupied by Qualified Tenants)		—	—	—	—	—	—	—	—	—	—	—	—
4. ACTUAL UNQUALIFIED OCCUPIED (Units occupied by Unqualified Tenants – such as Market Rate)		—	—	—	—	—	—	—	—	—	—	—	—
5. ACTUAL UNQUALIFIED VACANT (Vacant units never occupied or most recently occupied by Unqualified Tenants)		—	—	—	—	—	—	—	—	—	—	—	—
6. PROJECTED LEASE UP ^(#2 below)		—	—	—	—	—	—	—	—	—	—	—	—

Directions to complete form:

1. Please provide month-end reports to NNEHIF beginning at first CO date through the month that entire project reaches 100% initial lease-up.
2. Include estimated future occupancy in Line 6, and revise monthly (as needed) until entire project reaches 100% initial lease up.
3. Please state if any manager unit exists. If so and manager is not LIHTC eligible, do not include this unit in your Total Credit Available Units (Line 1) or in your occupancy calculations (Lines 2-5) but please add note of explanation.