

## Annual Project Activity Report for Year **20**

Project Name:		TC#	
Project Address:			
City:	State:	Zip:	County:

Project Type: (check only one)			
<input type="checkbox"/> Family	<input type="checkbox"/> Elderly (62 or older)	<input type="checkbox"/> Elderly (55 or older)	
<input type="checkbox"/> Special Needs		<input type="checkbox"/> Other:	

Construction Type: (check all that apply)	
<input type="checkbox"/> New	<input type="checkbox"/> Rehab

### Owner Information

Ownership Entity Name:			
Owner Address:			
City:	State:	Zip:	
Contact Person:			
Phone:	E-mail:		
Tax ID Number:	Type: (SSN or FIN)		
Ownership Entity Type: (Non-Profit or For-Profit)			

Name of First Position Lender:
--------------------------------

Name of Syndicator:
---------------------

Utilities Paid by Residents: (check all that apply)			
<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas/Oil	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Trash Collection

Supportive Services Required? (per application):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recertification Waiver Granted by the IRS?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Waiver:	

### Management Agent Information

Agent Name:			
Agent Address:			
City:	State:	Zip:	
Agent Contact:			
Phone:	E-mail:		
Site Manager:	Phone:		

Affordable Housing Products Received From NCHFA: (check all that apply)			
<input type="checkbox"/> Federal Tax Credit	<input type="checkbox"/> State Tax Credit		
<input type="checkbox"/> HOME Loan	<input type="checkbox"/> HTF Loan	<input type="checkbox"/> Other	

Other Non-Agency Funding Sources (check all that apply):			
<input type="checkbox"/> Conventional Loan	<input type="checkbox"/> RHS Loan	<input type="checkbox"/> Bond Financing	
<input type="checkbox"/> Local HOME	<input type="checkbox"/> City Loan	<input type="checkbox"/> Other:	

### Tax Credit Allocation

Amount of Allocation:	Year of Allocation:
-----------------------	---------------------

Number of Extended Use Years (post 1989 allocations):
---

Special Restrictions:
-----------------------

Was 2/7/94 special rent election taken? (1987-1989 allocations only-N/A for all subsequent years)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> N/A	

Has a "rent floor" been established in accordance with IRS Procedure 94.57?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date Project met its minimum set-aside:
---

Identify first tax year owner claimed credits on this project:
--

### Utility Allowance

Effective Date of Most Recent Utility Survey:	
Allowance type used project wide: (check one)	
<input type="checkbox"/> PHA	<input type="checkbox"/> RHS
<input type="checkbox"/> HUD	<input type="checkbox"/> Private

Project Minimum Set-Aside (from Application and 8609) (check only one)	
<input type="checkbox"/> 20/50	<input type="checkbox"/> 40/60
<input type="checkbox"/> 15/40	

Additional Set-Aside (from Application) (indicate the number of units and percent of median income)	
Units at	% of County Median Income

Target Elected at Time of Allocation vs Actual as of 12/31		
	Elected	Actual
Total Low-Income Units:		
Total Project Units:		
Total Residential Buildings:		

Project Based Subsidy:		
(check below)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
# of Units	Source:	

The undersigned hereby certifies that the information presented herein on this Project Activity Report and the attached Building Activity Reports is true and correct to the best of his or her knowledge and belief.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

This report is not considered complete unless it includes a separate Building Activity Report for each building. Further, the Owner's Certificate of Continuing Program Compliance is not considered complete without the submission of the Annual Project Activity Report. See instructions if any questions about the data requested.

Revised: 12/14/05

Annual Building Activity Report For Year

20\_\_

Project Name:	TC#	BIN#
---------------	-----	------

Building Address:	Building Placed In Service Date:
-------------------	----------------------------------

Minimum Set-Aside (this building per 8609) (check one)	Additional Building Set-Aside (this building) (indicate below)
<input type="checkbox"/> 20/50 <input type="checkbox"/> 40/60 <input type="checkbox"/> 15/40	_____ Units at _____ % of County Median Income

Unit Mix at Time of Allocation vs Actual as of 12/31			Building Profile				
Total Low-Income Units:	Elected	Actual	Unit Size Total, Low-Income, and Market as of 12/31				
			Efficiency Units	Total	Low-Income	Market	Employee
Total Market-Rate Units:			1 Bedroom Units				
Total Office/Employee Units:			2 Bedroom Units				
Total Units In Building:			3 Bedroom Units				
			4 Bedroom Units				

A	B	C	D	E	F	G		H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Unit Number	Number of Bedrooms	Unit Square Feet	Event Date mm/dd/yy	Event Type (See Instr.)	Move In Date	Name of Head of Household		HOH Date of Birth	HOH Ethnicity (See Instr.)	HOH Race (See Instr.)	Head of Household Gender	HOH Marital Status (S,M,D)	Unit Type (LI, MKT, EMP)	Number of Occupants	Gross Annual Income	Income Limit	Tenant Rent	Assistance Amount	Assistance Type (See Instr.)	Utility Allowance	Mandatory Fees	Total Housing Expense (Q+T+U=)	Maximum Housing Expense	DHHS (See Instr.)	Displaced by Katrina (See Instr.)	Student Status (See Instr.)
						Last Name	First Initial																			