PRELIMINARY APPLICATION CHECKLIST PLEASE FOLLOW INSTRUCTIONS FOR ELECTRONIC SUBMISSIONS

AT http://www.dca.ga.gov/housing/HousingDevelopment/programs/housingTaxCredit.asp

Please complete and return the required documentation and a check or certified funds for \$500 (non-refundable), payable to Georgia Housing and Finance Authority, to:

GA Department of Community Affairs Attn: HFDD- Qualified Contract 60 Executive Park Dr So NE Atlanta, GA 30329

I. NAME AND ADDRESS OF PROPERTY

Name	of Property			
GHFA Property number			Year(s) of Tax Credit Allocation	
Street				
City		State	Zip Code	
2.	INFORMATION ON	OWNERSHIP	ENTITY	
Name	of Owner Entity			
Name (of General Partner Entity# I (or	Managing Memb	er, if Owner is LLC)	
Name o	of General Partner Entity #2 (or	Managing Memb	per, if Owner is LLC)	
Name	of Primary Contact			
Addres	ss			
City		State	Zip Code	
Phone	Number		E-mail	
Pleas	e list any additional partn	ers as an atta	chment.	
3.	PROPERTY DETAIL	.S	Total unit count	
			Total HC unitsNumber of Residential Buildings	
4.	Has any portion of you	our tax credit a	allocation been recaptured? Yes No	
	If yes, please provide	documentatio	n as to amount(s) and date(s) of recapture.	

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Required Documentation:

- 1. Copy of recorded Land Use Restrictive Covenants related to HCs
- 2. Executed forms 8609 for property
- 3. Executed IRS form 8821 (located at www.IRS.gov)
- 4. Legal Opinion confirming when each building will reach the end of the 15 year Compliance Period for purposes of a Request for Qualified Contract
- 5. Other documents as may be requested

I certify the following, to the best of my knowledge:

- There is no action, suit, or proceeding at law or in equity or by or before any governmental
 instrumentality or other agency now pending against Owner, the land, or the Property or, to the
 knowledge of Owner, threatened against or affecting Owner, the land, or the Property.
- During the Compliance Period, the Property has been operated as a "qualified low- income property," as defined in Section 42 and the Regulations,
- The information in this application is complete and accurate,
- All purchase options, including rights of first refusal, will be waived before a Request is submitted

Owner:
Name of Owner
Signature and title
Printed name
 Date

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