

**EXHIBIT B**  
**INSTRUCTIONS**  
**PennHOMES/LOW INCOME HOUSING TAX CREDIT**  
**PROJECT HISTORY FORM- PART 1**

The Project History Form Part 1 & 2 are to be completed and returned to PHFA by the Placed In Service Date.

If there is more than one building in your project, please list units consecutively by building number.

**PROPERTY NAME:** The actual name of your property, or, if single dwelling, please check.

**MANAGEMENT AGENT/CONTACT PERSON:** Please list management agent contact of the property or a contact person with address of each, if applicable, and phone number.

**OWNER/CONTACT PERSON - ADDRESS - PHONE #:** Please list the owner of the property or a contact person with address of each, if applicable, and phone number.

**TAX CREDIT NUMBER:** The number the Agency (Pennsylvania Housing Finance Agency) has assigned your property, which can be found on all correspondence from the Agency. *\*Tax Credit Only\**

EXAMPLE: TC91-016

**PHFA NUMBER:** The number the Agency (PHFA) has assigned your property.

EXAMPLE: H0246

**OCCUPANCY DESIGNATION:** Check box that applies. Example: Designated Population = Homeless, HIV/AIDS, etc.

**SITE MANAGER CONTACT INFORMATION:** Enter name of contact person, phone number, email address, website URL (if applicable).

**BUILDING ADDRESS:** The apartment building or house address on Form 8609 (part 1, Item A).

**BUILDING NUMBER:** The number, if any, assigned to the building.

EXAMPLE: Building #502 or Building A

**UNIT NUMBER:** The actual apartment number.

EXAMPLE: Apartment A or Apartment #10

**ACCESSIBLE UNIT:** Enter MIU for Mobility Impaired Unit or H/V for Hearing/Vision Unit.

**RENT @ 20% AMI:** Enter yes if unit received points for providing affordable rents to those at or below 20% AMI.

**UNIT TYPE MR/LI:** Is the unit a market rate or low-income unit. *\*Tax Credit Only\**

**FLOOR:** The actual floor on which the apartment is located.

EXAMPLE: Floor B or Floor 3

**NUMBER OF BEDROOMS:** The number of bedrooms per unit or apartment. Please identify as follows: Efficiency/SRO - 0; one-bedroom - 1; two-bedroom - 2; three-bedroom - 3; four-bedroom - 4; five-bedroom - 5.

**UNIT SQUARE FEET:** The total number of gross square feet per unit. *\*Tax Credit Only\**

## TAX CREDIT / PROJECT HISTORY FORM - PART 1

Property Name: \_\_\_\_\_ (If single dwelling, check )      Management Agent/Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 TC#: T C \_\_\_\_\_ - \_\_\_\_\_      PHFA #: \_\_\_\_\_      Phone: \_\_\_\_\_  
 Occupancy Designation:     General      Owner: \_\_\_\_\_  
     Elderly (  55) (  62)      Address: \_\_\_\_\_  
     SRO      Phone: \_\_\_\_\_  
     Designated Population

Contact Name: \_\_\_\_\_      Site Manager Contact Name: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_      Contact Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_      Email Address: \_\_\_\_\_  
 Website URL: \_\_\_\_\_

**\*\*\*PLEASE SEE THE ATTACHED INSTRUCTION SHEET FOR FILLING OUT THIS HISTORY FORM\*\*\***

BUILDING ADDRESS	BLDG. NO.	UNIT NO.	ACCESSIBLE UNIT (MIU and/or H/V)	RENT @ 20% AMI (Y/N)	UNIT TYPE MR/LI	FLOOR	NO. OF BRS	UNIT SQ. FEET
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

- |    |   |
|----|---|
| 1. | Projects with Tax Credits only, must complete and return to PHFA when the first unit is rented. |
| 2. | Projects with PennHOMES must complete and return to PHFA at the rent-up meeting.                |
| 3. | MIU = Mobility Impaired Unit; H/V = Hearing/Vision Impaired Unit                                |

\*Note: Carry over the total of all unit square footage onto Project History Form Part 2; Gross Floor Area, Total Square Footage of Residential Floor Space. Remember to use Gross Floor Area.

**EXHIBIT B**

**\*\*\* ONLY COMPLETE PART 2 IF THE PROJECT HAS TAX CREDITS\*\*\***

**LOW INCOME HOUSING TAX CREDIT  
PROJECT HISTORY FORM - PART 2**

Property Name: \_\_\_\_\_

TC #: T C \_\_\_\_ - \_\_\_\_ PHFA #: \_\_\_\_

**Minimum Set-Aside Requirement:**

Check the minimum set-aside applicable for your project (check only one).

20 - 50 test under Section 42 (g) (1) (A) of the Code

At least 20 percent of the rental residential units (or of the total square footage of the residential space) in this development are rent-restricted and to be occupied by individuals whose income is 50 percent or less of area median gross income.

40 - 60 test under Section 42 (g) (a) (B) of the Code

At least 40 percent of the rental residential units (or of the total square footage of the residential space) in this development are rent-restricted and to be occupied by individuals whose income is 60 percent or less of area median gross income.

**Applicable Fraction:**

*For Projects Prior to 1990:* Applicable Fraction as defined in Section 42 (c) (1) (B) of the Code: \_\_\_\_\_ %

*For 1990 Projects and Later:* Have you entered into an extended low income housing commitment as described in Section 42 (h) (6) of the Code (Restrictive Covenant Agreement)?  
YES  NO

Applicable Fraction as stated in the project's Restrictive Covenant Agreement: \_\_\_\_\_ %

**Occupancy Type:** \_\_\_\_\_ Family \_\_\_\_\_ Elderly (  55 yrs.  62 yrs.)  
\_\_\_\_\_ Single Room Occupancy (SRO)

**Total Number of Buildings in this Project:** \_\_\_\_\_

**Gross Floor Area of all Buildings:**

- \_\_\_\_\_ Total square footage of residential floor area.\*
- \_\_\_\_\_ Total square footage of low-income residential floor area.
- \_\_\_\_\_ Total square footage of nonresidential portion or professional space.
- \_\_\_\_\_ Total square footage of commercial space and/or professional space.
- \_\_\_\_\_ ***Total square footage of all buildings.***

**\*NOTE:** CARRY OVER TOTAL UNIT SQUARE FOOTAGE FROM PROJECT HISTORY FORM – PART 1

**\*\*NOTE:** IF APPLICABLE FRACTION IS LESS THAN 100 PERCENT, INFORMATION MUST BE SUPPLIED BY BUILDING.

**Breakdown by Number of Bedrooms:**

**Low Income Units**

	<u># of Units</u>
EFF/SRO	
1 Bedroom	_____
2 Bedroom	_____
3 Bedroom	_____
4 Bedroom	_____
5 Bedroom	_____
6 Bedroom	_____
SUBTOTAL	_____

**Market Rate Units**

	<u># of Units</u>
EFF/SRO	
1 Bedroom	_____
2 Bedroom	_____
3 Bedroom	_____
4 Bedroom	_____
5 Bedroom	_____
6 Bedroom	_____
SUBTOTAL	_____

TOTAL UNITS IN PROJECT: \_\_\_\_\_

Model or Office Unit No.: \_\_\_\_\_ (DO NOT include in the above breakdown)

**General Information:**

Starting Year of Compliance Period: \_\_\_\_\_

Does the development have Acquisition credits?

YES  NO

Does the development have Rehab credits?

YES  NO

If the development has both Acquisition and Rehab credits, as of what date will the Acquisition credits be claimed? \_\_\_\_\_

(mm/dd/yyyy)

**NOTE: The timing of the Tenant Income Certifications correlates with this answer.**

Has this project been allocated tax credits in more than one tax credit year?

YES  NO

If yes, state the tax credit years: \_\_\_\_\_ (e.g., TC89 and TC91).

Is this project the recipient of Section 8 Project-Based Assistance or FmHA 515 Rental Assistance? YES  NO

If yes, state type of assistance \_\_\_\_\_

Is this project the subject of a historic rehabilitation tax credit?

YES  NO

Has any portion of the basis of any building in the project been financed with tax exempt bonds?

YES  NO

State length of tenant's initial lease: \_\_\_\_\_

**Nonresidential Portion of the Building:** (Check those that apply)

\_\_\_\_\_ Community Room

\_\_\_\_\_ Swimming Pool

\_\_\_\_\_ Parking Area

\_\_\_\_\_ Other, please explain:  
\_\_\_\_\_

**Certification:** To the best of my knowledge, any and all information included in this form is true and correct.

Owner (Signature Required): \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_