

EXHIBIT 9

\* \* \* \* 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 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.

**\* 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: \_\_\_\_\_