



2010 INTENT TO REQUEST HOUSING TAX CREDIT
 Texas Department of Housing and Community Affairs
 Mailing Address: P.O. Box 13941, Austin, TX 78711-3941
 Physical Address: 221 East 11th Street, Austin, TX 78701

Pursuant to §50.7(b)(2) and (3) of the 2010 Qualified Allocation Plan, all applications not submitting a Pre-Application but that intend to apply under the TRDO-USDA Set-Aside or the At-Risk Set-Aside at full application MUST submit this form to the Department by 5:00 p.m., January 8, 2010 in order to be considered eligible for tax credits in the 2010 Competitive Housing Tax Credit Application Round.

Directions: Complete the following information and submit the form to the Department by mail, fax or e-mail (contact information above). The form must be received by the Department by 5:00 p.m., January 8, 2010.

1. DEVELOPMENT INFORMATION	
Development Name:	Region:
Development Address:	
Development City:	Zip: County:
2. SET-ASIDE INFORMATION: (Select all Set-Asides for which the Pre-Application is being submitted by placing a "x".)	
<input type="checkbox"/> Nonprofit Set-Aside	<input type="checkbox"/> At-Risk Set-Aside
<input type="checkbox"/> TRDO-USDA Set-Aside	
3. ALLOCATION INFORMATION: (Select all Allocations for which the Pre-Application is being submitted by placing a "x".)	
<input type="checkbox"/> Rural Allocation	<input type="checkbox"/> Urban Allocation
4. UNITS	
Total Low Income Units:	Total Market Rate Units:
Total Units (Low Income and Market Rate):	0
5. TARGET POPULATION (Select appropriate population by placing a "x".)	
<input type="checkbox"/> General	<input type="checkbox"/> Elderly
<input type="checkbox"/> Supportive Housing	<input type="checkbox"/> Intergenerational Housing
6. CONSTRUCTION TYPE (Select appropriate population by placing a "x".)	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquisition/Rehabilitation (includes Reconstruction)
<input type="checkbox"/> Adaptive Reuse	<input type="checkbox"/> Acquisition/Rehabilitation (excludes Reconstruction)
<input type="checkbox"/> Single Room Occupancy	
6. CREDITS BEING REQUESTED: \$	

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7. NAME and ADDRESS of OWNERSHIP ENTITY

Entity Name:

Contact:

Mailing Address:

City:

State:

Zip:

Phone:

Ext:

Fax:

Email:

Second Person to contact regarding questions relating to the Pre-Application:

Contact:

Phone:

Fax:

Email:

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