

MAINE STATE HOUSING AUTHORITY
LOW INCOME HOUSING TAX CREDIT

Calendar Year _____ **Activity** _____
 Instructions on Reverse

COMPLIANCE CERTIFICATION
TENANT STATUS REPORT

A) Project Name: _____
B) Project Address: _____
C) County: _____
D) Placed in Service Date: _____
E) Total Units in Project: _____
F) L-I Set-Aside election: 20@50 40@60 PLEDGE _____
 # of units @ : _____@ 30% _____@ 40% _____@ 50%
 _____@60%
G) Owner Name: _____
H) Owner Address: _____
I) Date Report Prepared: _____
J) Report Prepared by: _____
K) Management Co.: _____
L) Mgt. Co. Address: _____

M) Mgt. Co. Phone: _____
Email address: _____

N) Building Identification Number (BIN) _____ **P) Tax Credit Unit Mix:** **Q) Market Unit Mix:** **R) Housing Type:**
O) Total Units in Building _____ Eff _____ 2BR _____ 4BR _____ Eff _____ 2BR _____ 4BR _____ Elderly Family
S) Annual Vacancy Rate _____% 1BR _____ 3BR _____ 1BR _____ 3BR _____ Special Needs Other

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Unit #	Unit Type	# BR's	Unit Sq.Ft.	Household Name	# in Hshld	Student Hshld?	Move-in Date	Hshld Income at Move-in Date	Date of Last Recert	Hshld Income at Recert Date	Move-out Date	LIHTC Maximum Income	Rent Calculation Method (Fam/BR)	Tenant Rent to Owner	Utility Allowance Amount	Utility Allowance Type	Total Tenant Payment (Col 15 + 16)	LIHTC Maximum Rent	Rental Assistance (Y or N)	Rental Assistance Type	Rental Assistance Amount	
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- Please complete a **separate** Tenant Status Report for each Building Identification Number (BIN).
- All Market Rate and Low Income units in the building must be represented on the Tenant Information Format. For market rate tenants, complete only Columns 1-5, 8, 12 and 18.

D)	Placed in Service Date	Insert the Date the project was Placed in Service (ref. IRS Form 8609).
F)	L-I Set-Aside election	Check the set-aside election for this project. If the owner has pledged an additional set-aside (i.e., 50@50, 100@60) indicate this by Pledge. Identify the number of units targeted to each income limit.
N)	BIN	Identify the BIN (Building Identification Number) assigned to this specific building (ref. IRS Form 8609).
O)	Total Units in Building	If the Project consists of more than one building then indicate the total number of rental units that are contained in this building.
P)	Tax Credit Unit Mix	Indicate the total number of units in this building by bedroom size that are available for low-income tenants.
Q)	Market Rate Unit Mix	Indicate the total number of units in this building by bedroom size that are available for market rate tenants.
S)	Annual Vacancy Rate	For properties that have achieved full lease-up indicate the annual vacancy rate for the project by taking the total days vacant of all units and dividing by the total number of possible occupancy days for the project. For example a 20 unit project has a total number of occupancy days of 7,300 (20 x 365), if over the course of the year six units were vacant for thirty days each the total days vacant would be 180. The vacancy rate is 2.5% (180/7300 = 0.0247)
Col 2	Unit Type	Indicate if the unit is a 30%, 40%, 50%, 60% or Market Rate (M) unit. Additionally if the unit is a FedHOME assisted unit indicate either HH for High Home or LH for Low Home.
Col 4	Unit Sq.Ft	Insert the total square footage of the unit. Note: if 100% of the units are Tax Credit units, insert "N/A".
Col 5	Household Name	Insert the last name of the household currently occupying the unit. If the unit is NOT currently occupied, insert "VACANT" – then in parentheses insert the last name of the household last occupying the unit.
Col 7	Student Household	If all residents in a household are full-time students, please list the applicable status from the list provided below: J Participates in a job training program with assistance M All married and file a joint federal income tax return S Receiving Social Security Title IV benefits (i.e. TANF) P Single parents and their children and such parents are not dependents (as defined in section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof) of another individual and such children are not dependents (as so defined) of another individual other than a parent of such children Enter N/A if the household is not comprised entirely of students.
Col 8	Move-in Date	Enter the date the unit was first leased by the current household (MI). It is possible to have multiple entries for the same unit during the same year (i.e., unit vacated one month and leased again the following month).
Col 9	Household Income at Move-in Date	Enter the total combined income for all persons 18 years and older who reside in the unit.
Col 10	Date of Last Recert	If applicable, insert the date of the last income recertification. If not, insert N/A.
Col 11	Household Income at Recert Date	If applicable, insert the household income at last income recertification. If not, insert N/A.
Col 12	Move-out Date	If the unit is currently vacant, insert the date the household moved out. If not vacant, insert N/A.
Col 13	LIHTC Maximum Income	For move-ins, enter the maximum LIHTC eligible income level for the household size that was in effect at the time of move-in. For existing tenants, enter 140% of the maximum LIHTC eligible household income level that was in effect at the time of income recertification.
Col 14	Rent Calculation Method	Indicate whether maximum rents in this unit are calculated by the Family Size method (Fam) or Bedroom Size method (BR).
Col 15	Tenant Rent to Owner	Enter the actual dollar amount the tenant pays to the owner for monthly rent.
Col 16	Utility Allowance Amount	Indicate the actual dollar amount of the utility allowance being used for the unit.
Col 17	Utility Allowance Type	Indicate the method used to determine the Utility Allowance Amount. HUD -- Utility allowance published by HUD PHA -- Utility allowance published by Local Public Housing Authority RHS -- Utility Allowance published by RHS UC -- Utility Company estimate
Col 18	Total Tenant Payment	Enter the sum of Tenant Rent Payment (Col 15) plus Current Utility Allowance (Col 16).
Col 19	LIHTC Maximum Rent	Insert the maximum LIHTC eligible rent allowed for the unit size (or family size) that was in effect at the time of move-in or recertification, as applicable.
Col 20	Rental Assistance	Is Rental Assistance available to this unit?
Col 21	Rental Assistance Type	Indicate the type of rental assistance (if applicable) using the following codes: 8C/V – Section 8 Certificates/Voucher 8P – Section 8 Project Based Assistance PBV – Project Based Voucher MR – Section 8 Mod Rehab RA – RHS Rental Assistance OA – Other Assistance (explain)
Col 22	Rental Assistance Amount	Enter the actual dollar amount of the rental assistance (subsidy) for each unit.