

Tennessee Housing Development Agency
Building Casualty Loss Notification

Internal Revenue Code Section 42(j)(4)(E) states that buildings which are allocated tax credits are protected from recapture of credits due to a casualty loss to the extent such loss is restored by reconstruction or replacement within a reasonable period. Low-Income Housing Tax Credit ("LIHTC") Owners must report to THDA the casualty loss of a building within 30 days of the loss. Complete a separate form for each building and submit it to the address below:

Compliance and Asset Management Division

Tennessee Housing Development Agency

Andrew Jackson Building

502 Deaderick St. Third Floor

Nashville, TN37243

PART I - Building Information:

Building Affected – Building Identification Number (BIN): TN

Name of Project: _____

Address of Project: _____

City: _____ State: _____ Zip Code: _____

Owner: _____ Owner Taxpayer ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

General Partner: _____

Telephone: _____

Unit Information:

Unit(s) Affected: _____

Date of Loss: _____ Total Loss: _____ Partial Loss: _____

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Number of LIHTC Units Affected: _____

Number of Households Displaced in LIHTC Units: _____

Fire Department or Police Notified: Yes: (if yes, please attach a copy of the report) No:

Write a brief description of the loss. Identify any causes of the loss. Attach a separate page if needed:

Estimated Time for Replacement: _____ Applicable Fraction at Prior Year End: _____

Description of the Correction (s) to be Taken:

The undersigned hereby certifies that the information presented herein is true and correct to the best of his/her knowledge. He/she further certifies under penalty of perjury that the project meets the requirements of Internal Revenue Code Section 42. He/she understands that false statements are punishable as a Class E felony under Tennessee Code Annotated Section 13-23-133 and are also punishable under other applicable federal statutes.

Signature of Owner/ Authorized Representative: _____

Date: _____

PART II - Back in Compliance and all Noncompliance Corrected Information:

Date Back in Compliance: _____

Signature of Owner/ Authorized Representative: _____

Date: _____