

EXHIBIT C TO COMPLIANCE MONITORING AGREEMENT

ANNUAL OWNER TAX CREDIT COMPLIANCE SUBMISSION

PROJECT NAME: _____ **TC #:** _____ -- _____

CONTACT NAME: _____

CONTACT ADDRESS: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

LOW-INCOME UNIT (“LIU”) DETERMINATION

A. Specify Utilities Paid by Tenant: _____

B. Specify Utilities Paid by Owner: _____

C. Is Project subject to maximum rent based on imputed income limitation imposed by Revenue Reconciliation Act of 1989?

Yes No

D. If the answer to C above is yes, specify imputed income limitation applicable to unit size:

Efficiency: \$ _____
1-Bedroom: \$ _____
2-Bedroom: \$ _____
3-Bedroom: \$ _____
Other: _____ \$ _____

E. Complete Schedule II (A) – Low-Income Unit Determination Compliance Report Unit Status Report

PLEASE INCLUDE DOCUMENTATION AND SOURCE TO SUPPORT UTILITY ALLOWANCE