



**Housing Tax Credits  
8609 Application Exhibit A – Side 1**

**Determination of Targeted Applicable Fraction and Qualified Basis by Building\***

**Instructions:** Attach a Building Map (HTC Form 28) for each building to support the calculations shown here.

**Minnesota Housing D# / HTC / M# # \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_**

Form 8609	Complete for Building 1	Complete for Building 2	Complete for Building 3	Complete for Building 4	Total
<b>Box A</b> Project name Address of building (street, city, zip)	_____	_____	_____	_____	
<b>Box C</b> Owner's name and address Owner's tax ID number	_____	_____	_____	_____	
<b>Box E</b> Building I.D. Number (BIN) (Assigned by Minnesota Housing on Carryover Agreement)	_____	_____	_____	_____	
<b>Line 1a</b> Date of Allocation from Carryover Agreement	_____	_____	_____	_____	
<b>Line 1b</b> Approved Tax Credit Amount per building. Total may not exceed Carryover Allocation <b>(round up to the nearest dollar)</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Line 2</b> Applicable Credit Percentage for each building	_____	_____	_____	_____	
<b>Line 3a</b> Maximum Qualified Basis per building. Total should not exceed the amount necessary to result in a credit amount equal to Carryover Allocation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Exhibit A – Side 1 (continued)**

<b>Line 3b</b> High-Cost Area adjustment	Check box: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter: _____	Check box: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter: _____	Check box: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter: _____	Check box: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter: _____	
<b>Line 4</b> Percent tax-exempt financed (if none, enter "-0-")	_____	_____	_____	_____	
<b>Line 5</b> Placed-in-Service date	_____	_____	_____	_____	
<b>Line 6</b> <b>Check the appropriate box:</b>					
a. Newly constructed and federally subsidized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Newly constructed and <b>not</b> federally subsidized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Existing building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Sec. 42(e) rehabilitation expenditures federally subsidized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Sec. 42(e) rehabilitation expenditures <b>not</b> federally subsidized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Check the Box below; if an Allocation from the Non-Profit Set Aside:</b>					
f. Allocation subject to non-profit set-aside under sec. 42(h)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**Determination of Targeted Applicable Fraction and Qualified Basis by Building\***

**Instructions:** Attach a Building Map (HTC Form 28) for each building to support the calculations shown here.

	Complete for Building 1	Complete for Building 2	Complete for Building 3	Complete for Building 4
<b>Determination of Targeted Applicable Fraction</b>				
<b>Floor Space Fraction</b> (Part 2, E, from Building Map)	Show number of low income square feet divided by total residential square feet  _____ = _____ (e.g., 60,000/67,000 = .8955)	Show number of low income square feet divided by total residential square feet  _____ = _____	Show number of low income square feet divided by total residential square feet  _____ = _____	Show number of low income square feet divided by total residential square feet  _____ = _____
<b>Unit Fraction</b> (Part 2, F, from Building Map)	Show number of low income units in the building divided by total number of units. Do not include common space unit, if any.  _____ = _____ (e.g., 50 / 59 = .8475)	Show number of low income units in the building divided by total number of units. Do not include common space unit, if any.  _____ = _____	Show number of low income units in the building divided by total number of units. Do not include common space unit, if any.  _____ = _____	Show number of low income units in the building divided by total number of units. Do not include common space unit, if any.  _____ = _____
<b>Targeted Applicable Fraction</b> Lesser of Floor Space Fraction or Unit Fraction	_____	_____	_____	_____
<b>Determination of Qualified Basis</b>				
<b>Eligible Basis by Building</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Maximum Qualified Basis</b> Multiply Eligible Basis by Targeted Applicable Fraction	\$ _____	\$ _____	\$ _____	\$ _____
Show this number on line 3a of Form 8609	_____	_____	_____	_____

**Determination of Economic Integration/Minimum Set-Aside Fraction**

**Project Fraction**

Project fraction must be consistent with the selected Economic Integration percentage and must meet or exceed the selected Minimum Set-Aside Threshold.

Show number of low income units in the project divided by total number of units in the project. Do not include common space unit, if any.

$$\frac{\quad}{\quad} = \frac{\quad}{\quad}$$

(e.g.,  $\frac{50}{59} = .8475$ )

**\*Please note that the actual Applicable Fraction may be different at the end of the first year of the credit period depending on the number and size of eligible units at that time. The actual credit amount may be lower than the amount shown here.**

I certify that to the best of my knowledge and belief the above information on Page 1 and Page 2 of this Exhibit A is true and correct.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_