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|  | Housing Tax Credits8609 Application Exhibit A – Side 1Determination 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

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| **Form 8609** | **Complete for Building 1** | **Complete for Building 2** | **Complete for Building 3** | **Complete for Building 4** | **Total** |
| **Box A**Project nameAddress of building (street, city, zip) |       |       |       |       |  |
| **Box C**Owner's name and addressOwner's tax ID number |       |       |       |       |  |
| **Box E**Building I.D. Number (BIN)(Assigned by Minnesota Housing on Carryover Agreement) |       |       |       |       |  |
| **Line 1a**Date of Allocation from Carryover Agreement |       |       |       |       |  |
| **Line 1b** Approved Tax Credit Amountper building. Total may not exceed Carryover Allocation **(round up to the nearest dollar)** | $      | $      | $      | $      | $      |
| **Line 2**Applicable Credit Percentage for each building |       |       |       |       |  |
| **Line 3a**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) |
| **Line 3b**High-Cost Area adjustment | Check box: [ ]  Yes [ ]  NoIf yes, enter:       | Check box: [ ]  Yes [ ]  NoIf yes, enter:       | Check box: [ ]  Yes [ ]  NoIf yes, enter:       | Check box: [ ]  Yes [ ]  NoIf yes, enter:       |  |
| **Line 4**Percent tax-exempt financed (if none, enter "-0-") |       |       |       |       |  |
| **Line 5**Placed-in-Service date  |       |       |       |       |  |
| **Line 6** **Check the appropriate box:** |  |  |  |  |  |
| a. Newly constructed and federally subsidized | [ ]  | [ ]  | [ ]  | [ ]  |  |
| b. Newly constructed and **not** federally subsidized | [ ]  | [ ]  | [ ]  | [ ]  |  |
| c. Existing building | [ ]  | [ ]  | [ ]  | [ ]  |  |
| d. Sec. 42(e) rehabilitation expenditures federally subsidized | [ ]  | [ ]  | [ ]  | [ ]  |  |
| e. Sec. 42(e) rehabilitation expenditures **not** federally subsidized | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Check the Box below; if an Allocation from the Non-Profit Set Aside:** |  |  |  |  |  |
| f. Allocation subject to non-profit set-aside under sec. 42(h)(5) | [ ]  | [ ]  | [ ]  | [ ]  |  |

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|  | Housing Tax Credits8609 Application Exhibit A – Side 2Determination 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.

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|  | **Complete for Building 1** | **Complete for Building 2** | **Complete for Building 3** | **Complete for Building 4** |
| Determination of Targeted Applicable Fraction |
| **Floor Space Fraction**(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      =       |
| **Unit Fraction**(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.      =       |
| **Targeted Applicable Fraction**Lesser of Floor Space Fraction or Unit Fraction |       |       |       |       |
| Determination of Qualified Basis |
| **Eligible Basis** by Building | $      | $      | $      | $      |
| **Maximum Qualified Basis**Multiply Eligible Basis by Targeted Applicable Fraction | $      | $      | $      | $      |
| Show this number on line 3a of Form 8609 |       |       |       |       |

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| 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.      =      (e.g., 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: