DEED RESTRICTION INFORMATION FORM

TYPE OF RESTRICTION: ☐ **4%** ☐ **4% Leasehold** ☐ **9%** ☐ **9% Leasehold**

LITC#: _____ **COUNTY:** _____

OWNER NAME: _____

OWNER ADDRESS: _____

_____

PROJECT NAME: _____

PROJECT ADDRESS: _____

_____

LANDOWNER NAME: _____

LANDOWNER ADDRESS: _____

_____

BLOCK NUMBER: _____ **LOT NUMBER:** _____

NUMBER OF RESIDENTIAL BUILDINGS: _____ **(do not include nonresidential buildings)**

TOTAL # OF UNITS: _____ **# OF LITC UNITS:** _____

ALLOCATION YEAR: _____

ALLOCATION AMOUNT: _____

FIRST YEAR OF CREDIT: _____

FEDERAL SET ASIDE: _____ **STATE SET ASIDE:** _____

APPLICABLE FRACTION: _____

FRM PROJECT: **YES** ☐ **or** **NO** ☐

SPECIAL NEEDS PROJECT: **YES** ☐ **or** **NO** ☐

SOCIAL SERVICE PROJECT: **YES** ☐ **or** **NO** ☐

SENIOR PROJECT: **YES** ☐ **or** **NO** ☐ **AGE: 55+** ☐ OR **62+** ☐

AVERAGEING INCOME: **YES** ☐ **or** **NO** ☐ _____ **UNITS** _____**% AMI**

(if yes, please provide unit designation)

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

** Please attach project's legal description, thank you **