

NEW YORK STATE LOW-INCOME HOUSING TAX CREDIT (SLIHC)

TRANSFER AND APPROVAL STATEMENT

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| PROJECT INFORMATION |

Use the Tab Key to navigate to the next fillable cell Rev 9/16/2022

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| Project Name: |  | | | | | | | |
| Project Owner/LIHTC Allocatee: |  | | | | | | | |
| SHARS Project ID Number (9% RFP Projects only): | | | | |  | Date: | |  |
| HCR SLIHC Bifurcation and Transfer Tracking ID: | | | HCRSCBT: | | | | | |
| Building Address | Street Name & Number | City: | |  | | | HCR Building ID # (BIN) | |
| Building #1 |  | | | | | |  | |
| Building #2 |  | | | | | |  | |
| Building #3 |  | | | | | |  | |
| Building #4 |  | | | | | |  | |
| Building #5 |  | | | | | |  | |
| Building #6 |  | | | | | |  | |
| Building #7 |  | | | | | |  | |
| Building #8 |  | | | | | |  | |
| Building #9 |  | | | | | |  | |
| Building #10 |  | | | | | |  | |
| Building #11 |  | | | | | |  | |
| Building #12 |  | | | | | |  | |
| Building #13 |  | | | | | |  | |
| Building #14 |  | | | | | |  | |
| Building #15 |  | | | | | |  | |
| Building #16 |  | | | | | |  | |
| Building #17 |  | | | | | |  | |
| Building #18 |  | | | | | |  | |
| Building #19 |  | | | | | |  | |
| Building #20 |  | | | | | |  | |
| Building #21 |  | | | | | |  | |

Please include any additional buildings beginning on page 5

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| SLIHC TRANSFEROR |

Transferor Name:

Transferor Address:

City:       State:       Zip Code:

Transferor FEIN:       Transferor Contact Person:

Phone:       E-mail:

Will Transferor direct the SLIHC to a Qualified Non-Profit Organization (QNPO)?

If yes, please provide the QNPO information requested:

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| QUALIFIED NON-PROFIT ORGANIZATION |

QNPO CEO:       QNPO Board President/Chairperson:

QNPO Name:

QNPO Address:

City:       State:       Zip Code:

QNPO FEIN:       QNPO Contact Person:

Phone:       E-mail:

Note: QNPO must be party to the Transfer Contract and such Contract must detail the terms and conditions under which the SLIHC is directed to the QNPO.

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| SLIHC GUARANTOR |

Guarantor Name:

Guarantor Address:

City:       State:       Zip Code:

Guarantor FEIN:       Guarantor Contact Person:

Phone:       E-mail:

Note: The Guarantor must be party to the Transfer Contract.

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| SLIHC TRANSFEREE/ALLOCATEE |

Transferee/Allocatee Name:

Transferee Address:

City:       State:       Zip Code:

Transferee FEIN:       Transferee Contact Person:

Phone:       E-mail:

Note: If Transferee is a limited liability corporation, partnership or other form of pass through entity and the SLIHC will be distributed to other taxpayers, the above “SLIHC Transferee” information must be provided on an attachment to the Transfer Statement for all taxpayers who will claim the transferred credit.

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| SLIHC TRANSFER SUMMARY |

Copy of Transfer Contract (i.e., Purchase and Sale Agreement) Attached:

Date of SLIHC Transfer/DTF 625:

Annual SLIHC Amount to be Transferred:       Project Placed In Service (PIS) Date\*:

\*First building PIS date for multiple building project

Gross Amount of Equity to be paid for SLIHC:       QNPO Administrative Fee (if applicable):

Net Amount of SLIHC sale proceeds to be included in the Project Development Budget

(either as soft debt or equity):

NOTE: The Transfer Contract must include a detailed schedule describing the timing and amount of sale proceeds to be paid by the Transferee and, if a QNPO is party to such a Contact, the specific terms, schedule and conditions describing how that equity will be provided to the project by the QNPO. HCR must be provided an executed copy of loan and/or equity contribution documents between the QNPO and the Project Owner.

**THE SIGNATURES BELOW REPRESENT THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.**

Transferor Authorized Signatory:

Title:

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

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Transferee Authorized Signatory:

Title:

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

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Guarantor Authorized Signatory:

Title:

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

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QNPO Authorized Signatory:

Title:

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

Name of Authorized DHCR official:

Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_

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Note: The above approval of the SLIHC transfer will become effective at the same time DHCR issues the final SLIHC allocation and certification through the DTF-625. Subject to the consent of DHCR, the Transfer Statement and Contract may be amended prior to the issuance of Form DTF-625 to accomplish the replacement of the Transferee and/or taxpayers designated on this Transfer Statement.

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| PROJECT INFORMATION |  |

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| Project Name: |  | | | | |
| Project Awardee: |  | | | | |
| SHARS Project ID Number (9% RFP Projects only): | |  | Date: | |  |
| Building Address | Street Name & Number | | | HCR Building ID# (BIN) | |
| Building #23 |  | | |  | |
| Building #24 |  | | |  | |
| Building #25 |  | | |  | |
| Building #26 |  | | |  | |
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| Building #42 |  | | |  | |
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| Building #46 |  | | |  | |
| Building #47 |  | | |  | |
| Building #48 |  | | |  | |
| Building #49 |  | | |  | |
| Building #50 |  | | |  | |