Form **8609**(Rev. October 2014)
Department of the Treasury
Internal Revenue Service

Low-Income Housing Credit Allocation and Certification

▶ Information about Form 8609 and its separate instructions is at www.irs.gov/form8609.

OMB No. 1545-0988

Par	Allocation of Credit			!		_
Check	if: Addition to Qualified Basis Amended Form					_
	dress of building (do not use P.O. box) (see instructions)	B Name and address of housing credit agency				_
C Nar	ne, address, and TIN of building owner receiving allocation	D Employer identification number of agency				
		E Building identification number (BIN)				
TIN	<u> </u>					
			۱.,			
1a	Date of allocation ▶ b Maximum hou	using credit dollar amount allowable .	1b			_
0	Maximum applicable avadit payaantaga allawable (acc inc	atw.cational				0/
2	Maximum applicable credit percentage allowable (see ins	structions)	2			<u>%</u>
3a	Maximum qualified basis		3a			
b	If the eligible basis used in the computation of line 3a w	vas increased, check the applicable hox	Ja			—
-	and enter the percentage to which the eligible basis was		3b		1	%
	☐ Building located in the Gulf Opportunity (GO) Zone, R				<u> </u>	—
	Section 42(d)(5)(B) high cost area provisions	inta de Zorie, el Wilma de Zorie				
4	Percentage of the aggregate basis financed by tax-exem	pt bonds. (If zero, enter -0)	4	V		%
5	Date building placed in service					
6	Check the boxes that describe the allocation for the build					
а	☐ Newly constructed and federally subsidized b ☐ Ne	wly constructed and not federally subsidi	zed c	☐ Exi	sting building	
d	☐ Sec. 42(e) rehabilitation expenditures federally subsidize	ed e Sec. 42(e) rehabilitation expenditu	ires n	ot feder	ally subsidized	
f	☐ Allocation subject to nonprofit set-aside under sec. 4	2(h)(5)				
Siana	ature of Authorized Housing Credit Agency Officia	A Completed by Housing Credit Age	ency (Only		
	penalties of perjury, I declare that the allocation made is in com			ternal R	levenue Code, a	ınd
ınaı i i	ave examined this form and to the best of my knowledge and bel	ier, the information is true, correct, and comple	ele.			
	<i>_</i>	,				
	Signature of authorized official	Name (please type or print)			Date	
Part			e Cred	dit Peri		—
7			7			—
8а	Original qualified basis of the building at close of first year		8a			—
b	Are you treating this building as part of a multiple build					_
	(see instructions)?			Yes	□ No	
9a	If box 6a or box 6d is checked, do you elect to reduce eli	igible basis under section 42(i)(2)(B)?		Yes	_ □ No	
b	For market-rate units above the average quality standards of lo	• • • • • • • • • • • • • • • • • • • •				
	to reduce eligible basis by disproportionate costs of non-low in	come units under section 42(d)(3)(B)? . ▶		Yes	☐ No	
10	Check the appropriate box for each election:					
	Caution: Once made, the following elections are irrevoca	ble.				
а	Elect to begin credit period the first year after the building	g is placed in service (section 42(f)(1)) ▶		Yes	☐ No	
b	Elect not to treat large partnership as taxpayer (section 4	42(j)(5))		Yes		
С	Elect minimum set-aside requirement (section 42(g)) (see	instructions) 20-50 40-60		25-60	(N.Y.C. only)	
d	Elect deep rent skewed project (section 142(d)(4)(B)) (see			15-40		
	penalties of perjury, I declare that I have examined this form and	accompanying attachments, and to the best of	of my k	knowled	ge and belief, th	еу
are (ru	e, correct, and complete.					
	Signature	Taxpayer identification number			Date	
,	Signature	axpayer identification number	7		Date	
	Name (please type or print)	First year of the credit period				
7	rianie (piease type or pinit)	i ii si year or ii ie oreuii period				