

► **Do not file separately.** The Building owner must attach Form 8586, Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions) Swann Meadows Apartments Bldg. B 1091 Parkland Place Road Greenwood SC 29649	B. Name and address of housing credit agency CSHFDA 919 Bluff Road Columbia, SC 29201
C. Name, address, and TIN# of building owner receiving an allocation Swann Meadows, L.P. 2021 Cross Beam Drive Charlotte SC 28217 TIN# ▶ <u>56-2108162</u>	D. Employer identification number of agency 59-1585639
	E. Building identification number (BIN#) SC0236241

1a. Date of allocation ▶ 9/5/2002 b Maximum housing credit dollar amount allowable 2. Maximum applicable credit percentage allowable 3a. Maximum qualified basis b. Check here ▶ <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under . . the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible . basis was increased (see instructions) 4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-) 5. Date building placed in service ▶ <u>10/1/2003</u> 6. Check the box that describes the allocation for the building (check one only): a. <input type="checkbox"/> Newly constructed and federally subsidized b. <input type="checkbox"/> Newly constructed and not federally subsidized c. <input checked="" type="checkbox"/> Existing Building d. <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized e. <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1b.</td> <td style="text-align: right;">\$4,180.04</td> </tr> <tr> <td style="text-align: center;">2.</td> <td style="text-align: right;">3.48 %</td> </tr> <tr> <td style="text-align: center;">3a.</td> <td style="text-align: right;">\$120,116.00</td> </tr> <tr> <td style="background-color: black;"></td> <td></td> </tr> <tr> <td style="text-align: center;">3b.</td> <td style="text-align: right;">100 %</td> </tr> <tr> <td style="text-align: center;">4.</td> <td style="text-align: right;">%</td> </tr> <tr> <td style="background-color: black;"></td> <td></td> </tr> </table>	1b.	\$4,180.04	2.	3.48 %	3a.	\$120,116.00			3b.	100 %	4.	%		
1b.	\$4,180.04														
2.	3.48 %														
3a.	\$120,116.00														
3b.	100 %														
4.	%														

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official: Salanie M. Webb

Valarie M. Williams
Name (please type or print)

03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a.	Date building placed in service ▶ / /	b	Eligible basis of building (see instructions)	7b.	
8a.	Original qualified basis of the building at close of first year of credit period			8a.	
b.	Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ?			<input type="checkbox"/>	Yes <input type="checkbox"/> No
9a.	If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?			<input type="checkbox"/>	Yes <input type="checkbox"/> No
b.	Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?			<input type="checkbox"/>	Yes <input type="checkbox"/> No
10.	Check the appropriate box for each election:				
a.	Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))			<input type="checkbox"/>	Yes <input type="checkbox"/> No
b.	Elect not to treat large partnership as taxpayer (Section 42(j)(5))			<input type="checkbox"/>	Yes
c.	Elect minimum set-aside requirement (Section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input type="checkbox"/> 40-60			<input type="checkbox"/>	25-60 (N.Y.C. only)
d.	Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions)			<input type="checkbox"/>	15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building ☐ has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____

Taxpayer Identification Number

► _____
Date

▶ _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

Attachment
Sequence No. 36

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)
Swann Meadows Apartments Bldg. C
1091 Parkland Place Road
Greenwood SC 29649

B. Name and address of housing credit agency
SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation
Swann Meadows, L.P.
2021 Cross Beam Drive
Charlotte SC 28217
TIN# ► 56-2108162

D. Employer identification number of agency
59-1585639

E. Building identification number (BIN#)
SC0236242

- 1a. Date of allocation ► 9/5/2002 b Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/1/2003
6. Check the box that describes the allocation for the building (check one only):

1b.	\$4,180.04
2.	3.48 %
3a.	\$120,116.00
3b.	100 %
4.	%

- 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

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► Valarie M. Williams
Signature of authorized official

► Valarie M. Williams
Name (please type or print)

► 03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► / / b Eligible basis of building (see instructions) 7b. _____
8a. Original qualified basis of the building at close of first year of credit period 8a. _____
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. 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 instructions) ☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

Attachment
Sequence No. 36

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Swann Meadows Apartments Bldg. D
1091 Parkland Place Road
Greenwood SC 29649

B. Name and address of housing credit agency

SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation

Swann Meadows, L.P.
2021 Cross Beam Drive
Charlotte SC 28217
TIN# ► 56-2108162

D. Employer identification number of agency

59-1585639

E. Building identification number (BIN#)

SC0236243

- 1a. Date of allocation ► 9/5/2002 b Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/1/2003
6. Check the box that describes the allocation for the building (check one only):

1b.	\$4,180.04
2.	3.48 %
3a.	\$120,116.00
3b.	100 %
4.	%

- 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

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► Valarie M. Williams
Signature of authorized official

► Valarie M. Williams
Name (please type or print)

► 03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► / / b Eligible basis of building (see instructions) 7b.
8a. Original qualified basis of the building at close of first year of credit period 8a.
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. 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 instructions) ☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

▶ **Do not file separately.** The Building owner must attach Form 8586, Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions) Swann Meadows Apartments Bldg. E 1091 Parkland Place Road Greenwood SC 29649	B. Name and address of housing credit agency CSHFDA 919 Bluff Road Columbia, SC 29201
C. Name, address, and TIN# of building owner receiving an allocation Swann Meadows, L.P. 2021 Cross Beam Drive Charlotte SC 28217 TIN# ▶ <u>56-2108162</u>	D. Employer identification number of agency 59-1585639
	E. Building identification number (BIN#) SC0236244

1a. Date of allocation ▶ 9/5/2002 b Maximum housing credit dollar amount allowable 2. Maximum applicable credit percentage allowable 3a. Maximum qualified basis b. Check here ▶ <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under .. the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .. basis was increased (see instructions) 4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-) 5. Date building placed in service ▶ <u>10/1/2003</u> 6. Check the box that describes the allocation for the building (check one only): a. <input type="checkbox"/> Newly constructed and federally subsidized b. <input type="checkbox"/> Newly constructed and not federally subsidized c. <input checked="" type="checkbox"/> Existing Building d. <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized e. <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1b.</td> <td style="text-align: right; padding: 5px;">\$4,180.04</td> </tr> <tr> <td style="padding: 5px;">2.</td> <td style="text-align: right; padding: 5px;">3.48 %</td> </tr> <tr> <td style="padding: 5px;">3a.</td> <td style="text-align: right; padding: 5px;">\$120,116.00</td> </tr> <tr> <td style="background-color: #cccccc; height: 30px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">3b.</td> <td style="text-align: right; padding: 5px;">100 %</td> </tr> <tr> <td style="padding: 5px;">4.</td> <td style="text-align: right; padding: 5px;">%</td> </tr> <tr> <td style="background-color: #cccccc; height: 30px;"></td> <td></td> </tr> </table>	1b.	\$4,180.04	2.	3.48 %	3a.	\$120,116.00			3b.	100 %	4.	%		
1b.	\$4,180.04														
2.	3.48 %														
3a.	\$120,116.00														
3b.	100 %														
4.	%														

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official

Valarie M. Williams
Name (please type or print)

03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a.	Date building placed in service ▶ <u> </u> / <u> </u> / <u> </u>	b. Eligible basis of building (see instructions)	7b.	<u> </u>		
8a.	Original qualified basis of the building at close of first year of credit period		8a.	<u> </u>		
b.	Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ?.....		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9a.	If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ...		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b.	Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10.	Check the appropriate box for each election:					
a.	Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b.	Elect not to treat large partnership as taxpayer (Section 42(j)(5))		<input type="checkbox"/>	Yes		
c.	Elect minimum set-aside requirement (Section 42(g)) (see instructions)	<input type="checkbox"/> 20-50	<input type="checkbox"/> 40-60	<input type="checkbox"/>	25-60 (N.Y.C. only)	
d.	Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions)			<input type="checkbox"/>	15-40	

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building ☐ has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature

Taxpayer Identification Number

► _____
Date

▶ _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

Attachment
Sequence No. 36

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Swann Meadows Apartments Bldg. F
1091 Parkland Place Road
Greenwood SC 29649

B. Name and address of housing credit agency

SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation

Swann Meadows, L.P.
2021 Cross Beam Drive
Charlotte SC 28217
TIN# ► 56-2108162

D. Employer identification number of agency

59-1585639

E. Building identification number (BIN#)

SC0236245

1a. Date of allocation ► 9/5/2002 b. Maximum housing credit dollar amount allowable

2. Maximum applicable credit percentage allowable

3a. Maximum qualified basis

b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)

4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)

5. Date building placed in service ► 10/1/2003

6. Check the box that describes the allocation for the building (check one only):

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

1b.	\$4,180.04
2.	3.48 %
3a.	\$120,116.00
3b.	100 %
4.	%

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► *Valarie M. Williams*

Signature of authorized official

► Valarie M. Williams

Name (please type or print)

► 03-03-04

Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a. Date building placed in service ► / / b. Eligible basis of building (see instructions)

8a. Original qualified basis of the building at close of first year of credit period

b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?

9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?

b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?

10. Check the appropriate box for each election:

a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))

b. Elect not to treat large partnership as taxpayer (Section 42(j)(5))

c. Elect minimum set-aside requirement (Section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60

d. Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions)

7b.	
8a.	

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes

☐ 25-60 (N.Y.C. only)

☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

Attachment
Sequence No. 36

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Swann Meadows Apartments Bldg. G
1091 Parkland Place Road
Greenwood SC 29649

B. Name and address of housing credit agency

SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation

Swann Meadows, L.P.
2021 Cross Beam Drive
Charlotte SC 28217
TIN# ► 56-2108162

D. Employer identification number of agency

59-1585639

E. Building identification number (BIN#)

SC0236246

1a. Date of allocation ► 9/5/2002 b Maximum housing credit dollar amount allowable

1b. \$4,179.98

2. Maximum applicable credit percentage allowable

2. 3.48 %

3a. Maximum qualified basis

3a. \$120,115.00

b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)

3b. 100 %

4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)

4. %

5. Date building placed in service ► 10/1/2003

6. Check the box that describes the allocation for the building (check one only):

- 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

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that
I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► Valarie M. Williams
Signature of authorized official

► Valarie M. Williams
Name (please type or print)

► 03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a. Date building placed in service ► / / b Eligible basis of building (see instructions)

7b.

8a. Original qualified basis of the building at close of first year of credit period

8a.

b. Are you treating this building as part of a multiple building project for purposes of section 42 (see
instructions) ?

☐ Yes ☐ No

9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?

☐ Yes ☐ No

b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?

☐ Yes ☐ No

10. Check the appropriate box for each election:

a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))

☐ Yes ☐ No

b. Elect not to treat large partnership as taxpayer (Section 42(j)(5))

☐ Yes

c. 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 instructions)

☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each
year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the
requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax
year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

Attachment
Sequence No. 36

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Swann Meadows Apartments Bldg. B
1091 Parkland Place Road
Greenwood SC 29649

B. Name and address of housing credit agency

SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation

Swann Meadows, L.P.
2021 Cross Beam Drive
Charlotte SC 28217
TIN# ► 56-2108162

D. Employer identification number of agency

59-1585639

E. Building identification number (BIN#)

SC0236241

- 1a. Date of allocation ► 9/5/2002 b. Maximum housing credit dollar amount allowable
2. Maximum applicable credit percentage allowable
3a. Maximum qualified basis
b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)
4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)
5. Date building placed in service ► 10/1/2003
6. Check the box that describes the allocation for the building (check one only):

1b.	\$5,468.44
2.	3.48 %
3a.	\$157,139.00
3b.	100 %
4.	%

- 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

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► Valarie M. Williams
Signature of authorized official

► Valarie M. Williams
Name (please type or print)

► 03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

- 7a. Date building placed in service ► 1/1 b. Eligible basis of building (see instructions) 7b.
8a. Original qualified basis of the building at close of first year of credit period 8a.
b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)? ☐ Yes ☐ No
9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)? ☐ Yes ☐ No
b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))? ☐ Yes ☐ No
10. Check the appropriate box for each election:
a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1)) ☐ Yes ☐ No
b. Elect not to treat large partnership as taxpayer (Section 42(j)(5)) ☐ Yes
c. 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 instructions) ☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

► **Do not file separately.** The Building owner must attach Form 8586, Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36**Part I Allocation of Credit** — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A.	Address of building (do not use P.O. box) (see instructions) Swann Meadows Apartments 1091 Parkland Place Road Greenwood SC 29649	B.	Name and address of housing credit agency SCSHFDA 919 Bluff Road Columbia, SC 29201
C.	Name, address, and TIN# of building owner receiving an allocation Swann Meadows, L.P. 2021 Cross Beam Drive Charlotte NC 28217 TIN# ▶ <u>56-2108162</u>	D.	Employer identification number of agency 59-1585639
		E.	Building identification number (BIN#) SC0236242

1a. Date of allocation ▶ 9/5/2002 **b** Maximum housing credit dollar amount allowable

2. Maximum applicable credit percentage allowable

3a. Maximum qualified basis

b. Check here ▶ ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)

4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)

5. Date building placed in service ▶ 10/1/2003

6. Check the box that describes the allocation for the building (check one only):

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

1b.	\$5,468.44
2.	3.48 %
3a.	\$157,139.00
3b.	100 %
4.	%

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

▶ Valarie M. Williams ▶ Valarie M. Williams ▶ 03-03-04

Signature of authorized official Name (please type or print) Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a.	Date building placed in service ▶ <u> </u> / <u> </u> / <u> </u>	b Eligible basis of building (see instructions)	7b.	
8a.	Original qualified basis of the building at close of first year of credit period		8a.	
b.	Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a.	If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Check the appropriate box for each election:			
a.	Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Elect not to treat large partnership as taxpayer (Section 42(j)(5))		<input type="checkbox"/> Yes	
c.	Elect minimum set-aside requirement (Section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input type="checkbox"/> 40-60		<input type="checkbox"/> 25-60 (N.Y.C. only)	
d.	Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions)		<input type="checkbox"/> 15-40	

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building ☐ has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Taxpayer Identification Number _____ Date _____
 Name (please type or print) _____

► **Do not file separately.** The Building owner must attach Form 8586, Form 8609, and Schedule A to its Federal Income Tax Return

Attachment
Sequence No. 36**Part I Allocation of Credit** — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

<p>A. Address of building (do not use P.O. box) (see instructions)</p> <p>Swann Meadows Apartments Bldg. D 1091 Parkland Place Road Greenwood SC 29649</p>	<p>B. Name and address of housing credit agency</p> <p>SCSHFDA 919 Bluff Road Columbia, SC 29201</p>
<p>C. Name, address, and TIN# of building owner receiving an allocation</p> <p>Swann Meadows, L.P. 2021 Cross Beam Drive Charlotte SC 28217 TIN# ► <u>56-2108162</u></p>	<p>D. Employer identification number of agency</p> <p>59-1585639</p> <hr/> <p>E. Building identification number (BIN#)</p> <p>SC0236243</p>

1a.	Date of allocation ▶ <u>9/5/2002</u>	
2.	Maximum housing credit dollar amount allowable	
3a.	Maximum qualified basis	
b.	Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)	
4.	Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)	
5.	Date building placed in service	<u>10/1/2003</u>
6.	Check the box that describes the allocation for the building (check one only):	
a.	<input type="checkbox"/> Newly constructed and federally subsidized	b. <input type="checkbox"/> Newly constructed and not federally subsidized
c.	<input type="checkbox"/> Existing Building	
d.	<input checked="" type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e. <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official: Valarie M. Williams
Name (please type or print): Valarie M. Williams
Date: 03-03-04

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a.	Date building placed in service ▶ <u> </u> / <u> </u> / <u> </u>	b Eligible basis of building (see instructions)	7b.	
8a.	Original qualified basis of the building at close of first year of credit period		8a.	
b.	Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a.	If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Check the appropriate box for each election:			
a.	Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Elect not to treat large partnership as taxpayer (Section 42(j)(5))		<input type="checkbox"/> Yes	
c.	Elect minimum set-aside requirement (Section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input type="checkbox"/> 40-60		<input type="checkbox"/> 25-60 (N.Y.C. only)	
d.	Elect deep-rent-skewed project (Section 142(d)(4)(B)) (see instructions)		<input type="checkbox"/> 15-40	

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building ☐ has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

▶ _____ ▶ _____ ▶ _____
Signature Taxpayer Identification Number Date

▶ _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

Attachment
Sequence No. 36

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Swann Meadows Apartments Bldg. E
1091 Parkland Place Road
Greenwood SC 29649

B. Name and address of housing credit agency

SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation

Swann Meadows, L.P.
2021 Cross Beam Drive
Charlotte SC 28217
TIN# ► 56-2108162

D. Employer identification number of agency

59-1585639

E. Building identification number (BIN#)

SC0236244

1a. Date of allocation ► 9/5/2002 b Maximum housing credit dollar amount allowable

2. Maximum applicable credit percentage allowable

3a. Maximum qualified basis

b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)

4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)

5. Date building placed in service ► 10/1/2003

6. Check the box that describes the allocation for the building (check one only):

- 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

1b.	\$5,468.44
2.	3.48 %
3a.	\$157,139.00
3b.	100 %
4.	%

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► Valarie M. Williams
Signature of authorized official

► Valarie M. Williams
Name (please type or print)

► 03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a. Date building placed in service ► / / b Eligible basis of building (see instructions)

7b.
8a.

8a. Original qualified basis of the building at close of first year of credit period

b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions) ?

☐ Yes ☐ No

9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?

☐ Yes ☐ No

b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?

☐ Yes ☐ No

10. Check the appropriate box for each election:

a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))

☐ Yes ☐ No

b. Elect not to treat large partnership as taxpayer (Section 42(j)(5))

☐ Yes

c. 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 instructions)

☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

►
Signature

►
Taxpayer Identification Number

►
Date

►
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

Attachment
Sequence No. 36

► Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Swann Meadows Apartments Bldg. F
1091 Parkland Place Road
Greenwood SC 29649

B. Name and address of housing credit agency

SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation

Swann Meadows, L.P.
2021 Cross Beam Drive
Charlotte SC 28217
TIN# ► 56-2108162

D. Employer identification number of agency

59-1585639

E. Building identification number (BIN#)

SC0236245

1a. Date of allocation ► 9/5/2002 b. Maximum housing credit dollar amount allowable

1b. \$5,468.39

2. Maximum applicable credit percentage allowable

2. 3.48 %

3a. Maximum qualified basis

3a. \$157,138.00

b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)

3b. 100 %

4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)

4. %

5. Date building placed in service ► 10/1/2003

6. Check the box that describes the allocation for the building (check one only):

- 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

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that
I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► Valarie M. Williams
Signature of authorized official

Valarie M. Williams
Name (please type or print)

03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a. Date building placed in service ► 1/1 b. Eligible basis of building (see instructions)

7b.

8a. Original qualified basis of the building at close of first year of credit period

8a.

b. Are you treating this building as part of a multiple building project for purposes of section 42 (see
instructions)?

☐ Yes ☐ No

9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?

☐ Yes ☐ No

b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?

☐ Yes ☐ No

10. Check the appropriate box for each election:

a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))

☐ Yes ☐ No

b. Elect not to treat large partnership as taxpayer (Section 42(j)(5))

☐ Yes

c. 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 instructions)

☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each
year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the
requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax
year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)

**Low-Income Housing Credit
Allocation Certification**

OMB No. 1545-0988

► **Do not file separately. The Building owner must attach Form 8586,
Form 8609, and Schedule A to its Federal Income Tax Return**

Attachment
Sequence No. **36**

Part I Allocation of Credit — Completed by Housing Credit Agency Only

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Swann Meadows Apartments Bldg. G
1091 Parkland Place Road
Greenwood SC 29649

B. Name and address of housing credit agency

SCSHFDA
919 Bluff Road
Columbia, SC 29201

C. Name, address, and TIN# of building owner receiving an allocation

Swann Meadows, L.P.
2021 Cross Beam Drive
Charlotte SC 28217
TIN# ► 56-2108162

D. Employer identification number of agency

59-1585639

E. Building identification number (BIN#)

SC0236246

1a. Date of allocation ► 9/5/2002 **b. Maximum housing credit dollar amount allowable**

1b. \$5,468.44

2. Maximum applicable credit percentage allowable

2. 3.48 %

3a. Maximum qualified basis

3a. \$157,139.00

b. Check here ► ☐ if the eligible basis used in the computation of line 3a was increased under . .
the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible .
basis was increased (see instructions)

3b. 100 %

4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)

4. %

5. Date building placed in service ► 10/1/2003

6. Check the box that describes the allocation for the building (check one only):

- 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

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of Section 42 of the Internal Revenue Code, and that I have examined Part I of this form and to the best of my knowledge and belief, the information is true, correct, and complete.

► Valerie M. Williams
Signature of authorized official

► Valarie M. Williams
Name (please type or print)

► 03-03-04
Date

Part II First-Year Certification — Completed by Building Owner for First Year of Credit Period Only

7a. Date building placed in service ► / / **b. Eligible basis of building (see instructions)**

7b.

8a. Original qualified basis of the building at close of first year of credit period

8a.

b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?

☐ Yes ☐ No

9a. If box 6a or box 6d is checked, do you elect to reduce eligible basis under Section 42(i)(2)(B)?

☐ Yes ☐ No

b. Do you elect to reduce eligible basis by disproportionate costs of non-low-income units (Section 42(d)(3))?

☐ Yes ☐ No

10. Check the appropriate box for each election:

a. Elect to begin credit period the first year after the building is placed in service (Section 42(f)(1))

☐ Yes ☐ No

b. Elect not to treat large partnership as taxpayer (Section 42(j)(5))

☐ Yes ☐ No

c. 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 instructions)

☐ 15-40

Note: A separate Schedule A (Form 8609), Annual Statement, for each building must be attached to the corresponding Form 8609 for each year of the 15-year compliance period.

Caution: Read the instructions under Signature (page 4) before signing this part.

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code Section 42 and that the qualified basis of the building has ☐ has not ☐ decreased for this tax year. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____
Signature

► _____
Taxpayer Identification Number

► _____
Date

► _____
Name (please type or print)