

**TENNESSEE HOUSING DEVELOPMENT AGENCY
BUILDING CASUALTY LOSS NOTIFICATION**

Internal Revenue Code Section 42(j)(4)(E) states that buildings which are allocated tax credits are protected from recapture of credits due to a casualty loss *to the extent such loss is restored by reconstruction or replacement within a reasonable period.* Low-Income Housing Credit Owners must report to THDA the casualty loss of a building within 30 days of the loss. Complete a separate form for each building and submit to the address below:

**Program Compliance Division
Tennessee Housing Development Agency
Andrew Jackson Building
502 Deaderick St. Third Floor
Nashville, TN37243**

BUILDING AFFECTED Building Identification No. (BIN): TN

Name of Project: _____

Address of Project: _____

City: _____ State: _____ Zip Code: _____

Owner: _____

Owner's Taxpayer Identification No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

General Partner: _____

Telephone: _____

The undersigned hereby certifies that the information presented herein is true and correct to the best of his/her knowledge. He/she further certifies under penalty of perjury that the project meets the requirements of Internal Revenue Code Section 42. He/she understands that false statements are punishable as a Class E felony under Tennessee Code Annotated Section 13-23-133 and are also punishable under other applicable federal statutes.

Unit(s) Affected: _____

Date of Loss: _____ Total Loss: _____ Partial Loss: _____

No. of Low-Income Units Affected: _____ No. of Low-Income Households Displaced: _____

Fire Dept. or Police Notified: Yes: (if Yes, please attach a copy of the report) No:

Write a brief description of the loss. Identify any causes of the loss. Attach a separate page if needed.

Estimated Time for Replacement: _____ Applicable Fraction at Prior Year End: _____

Description of the Correction (s) to be Taken:

Signature of Owner/ Authorized Representative

Date

Back in Compliance and all Noncompliance Corrected

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Date Back in Compliance: _____

Signature of Owner/ Authorized Representative

Date