HOUSING TAX CREDIT CONTRIBUTION PROGRAM QUARTERLY PROGRESS REPORT

**All HTCC Quarterly Reports must be submitted to the following email address:**

**HTCCQuarterlyReport@chfa.org**

|  |  |
| --- | --- |
| Project Name: |  |
| Project Number: |  | Quarter Ended: |  |
| Date of Reservation: |  |

**If you provide workforce housing, check here** [ ]  **and complete only Part B**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Part A\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sources | Amount |  | Proposed | Committed | Closed |
| LIHTC Proceeds |  | $ |  |  | [ ]  | [ ]  | [ ]  |
| HTCC Proceeds |  | $ |  |  | [ ]  | [ ]  | [ ]  |
| First Mortgage |  | $ |  |  | [ ]  | [ ]  | [ ]  |
|  |  | $ |  |  | [ ]  | [ ]  | [ ]  |
|  |  | $ |  |  | [ ]  | [ ]  | [ ]  |
|  |  | $ |  |  | [ ]  | [ ]  | [ ]  |
|  |  | $ |  |  | [ ]  | [ ]  | [ ]  |
|  |  | $ |  |  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total Development Cost: | $ |  | (includes acquisition) |

If you have not yet submitted the executed Commitment Letters, Deeds, Notes, etc., for **all** sources of financing, please attach, if available.

|  |  |  |
| --- | --- | --- |
| Project Start Date: |  |  |
| Percentage of project completion to date: |  | % |
| Amount of HTCC funds expended to date: | $ |  |  |
| Estimated date of substantial completion: |  |  |
| Total number of units certified for occupancy to date: |  |  |
| Anticipated placed-in-service date: |  |  |
| Anticipated close-out date: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Units |  | Low-Income Units |
| 0 BR |  |  |  |
| 1 BR |  |  |  |
| 2 BR |  |  |  |
| 3 BR |  |  |  |
| 4 BR |  |  |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Part B\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |
| --- | --- | --- |
| Amount of receipts this quarter: | $ |  |
| Amount of disbursements this quarter: | $ |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |
| --- |
| Has there been any material change(s) to your proposal which require CHFA’s consent/approval? If yes, please provide a request for approval with submission. |
| [ ]  Yes  | [ ]  No |

**It is the Applicant’s responsibility to submit this report on time in order to remain in compliance with the program requirements. Incomplete responses, or lack of information provided for each line item will result in an incomplete submittal and may result in non-compliance in your reporting requirements.**

The undersigned by its signature below acknowledges that this quarterly report is complete, accurate, and will be delivered to CHFA in a timely manner, in order to remain eligible to apply for an award in future HTCC funding rounds.  Applicant further acknowledges that its HTCC award(s) is/are subject to recapture in instances of non-compliance at the sole determination of CHFA.  At the discretion of CHFA, incomplete responses will need to be resubmitted within 5 business days. CHFA may make periodic site visits and monitor programs to ensure compliance with the HTCC program.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Print Name |  |  |  |  |
|  |  |   |
| Signature |  |  | Date |  |

***For CHFA Use Only***

***Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_ (initials) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 QTRLY Report Acceptable***

 ***🞎 QTRLY Report NOT Acceptable***