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, TN 37243

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

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.

Date Back in Compliance: ________________

Signature of Owner/ Authorized Representative _______________________________ Date ________