

# Tax Credit Assistance Program Application

## Return of Tax Credit Carryover Allocation

Of Year \_\_\_\_\_

The Indiana Housing and Community Development Authority understands that Owner, \_\_\_\_\_, intends to return an Initial Credit Allocation of \$\_\_\_\_\_ in Low Income Housing Tax Credits from the Initial Allocation Year, \_\_\_\_\_, for a Tax Credit Assistance Program allocation request of \$\_\_\_\_\_ in the Application Year, \_\_\_\_\_.

In order to return the Initial Allocation from Year, \_\_\_\_\_, in the amount of \$\_\_\_\_\_, please sign below and include in the Tax Credit Assistance Program application.

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST

\_\_\_\_\_

By: \_\_\_\_\_

**Secretary (Seal)**

**General Partner**

By: \_\_\_\_\_  
Managing Member, \_\_\_\_\_

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY**

\_\_\_\_\_

By: \_\_\_\_\_

Witness

J. Jacob Sipe  
Multi-Family Manager