

## REQUEST FOR CHANGE OF A COMMON AREA/EMPLOYEE UNIT DESIGNATION

Property Name: \_\_\_\_\_ Address: \_\_\_\_\_

I hereby request a change of the following (**check one box only**):

**A COMMON AREA RESIDENTIAL UNIT**

The employee/common area unit is considered to be a “facility reasonably required for the benefit of the project”. The person occupying the unit is employed full-time by this project and is not required to be income-qualified. The unit was excluded from the low-income occupancy calculation at development for purposes of determining the applicable fraction and the qualified basis of the project.

Reason for request: \_\_\_\_\_

**A LOW INCOME HOUSING TAX CREDIT (LIHTC) RESIDENTIAL UNIT**

The employee-occupied unit is a low-income rental unit and is included in the low-income occupancy percentage for purposes of determining the applicable fraction and the qualified basis of the project and building. To be considered a qualified LIHTC unit, the unit must be rent-restricted, occupied by an income-eligible household who is subject to a lease agreement with an initial term of a least six months. The appropriate monitoring fee will be assessed.

**A MARKET RATE RENTAL UNIT**

The unit is used by the employee without regard to the rent being changed or the income level of the tenant.

Number of Units in Project Designated at Development

Total number of Common Area/Employee Units:	
Total number of LIHTC residential units ( <b>exclude</b> Common Area/Employee units):	
Total number of Market Rate residential units:	
Total number of residential units ( <b>include</b> Common Area/Employee, LIHTC, and Market):	

Location of Common Area/Employee Unit

(Once designated, the unit cannot be relocated without first requesting permission from the Asset Management Section of OHCS in writing.)

**Existing Unit #:** \_\_\_\_\_ **Unit Sq. Ft.:** \_\_\_\_\_ **# of Bedrooms:** \_\_\_\_\_ **BIN #:** \_\_\_\_\_

**Proposed Unit #:** \_\_\_\_\_ **Unit Sq. Ft.:** \_\_\_\_\_ **# of Bedrooms:** \_\_\_\_\_ **BIN #:** \_\_\_\_\_

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

\_\_\_\_\_  
Name of Ownership Entity

\_\_\_\_\_  
Printed Name of Owner/Agent                      Title

\_\_\_\_\_  
Signature of Owner/Agent                      Date

OHCS Compliance Officer Approval

Approved                       \_\_\_\_\_ Other

\_\_\_\_\_  
Printed name of Compliance Officer

\_\_\_\_\_  
Signature of Compliance Officer                      Date

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.