

**NEW YORK STATE HOUSING FINANCE AGENCY**

641 LEXINGTON AVENUE  
NEW YORK, NEW YORK 10022

**AGENCY APPROVAL OF ANNUAL  
RECERTIFICATION WAIVER REQUEST**

**Project Name:** \_\_\_\_\_ **HFA Project #:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Taxpayer ID#:** \_\_\_\_\_

The New York State Housing Finance Agency as the housing credit agency which allocated low income housing tax credits to the following building(s), states the following:

1. The credits were allocated to the building(s) based on the owner's certification that the percentage of residential rental units which are to be low-income units under IRS Section is 100%.
2. The Owner has certified to NYSHFA that, for the most recent credit period, the Applicable Fraction was 100%, and there was no change in the Applicable Fraction; and
3. That, in the course of its monitoring activities, NYSHFA has seen no evidence that the Applicable Fraction is less than 100%.
4. The effective date of the waiver will be: \_\_\_\_\_.

Building address	BIN # (Form 8609)	Applicable Fraction 100% at the end of most recent credit period (Y or N)

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Authorized Signature**

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_