Application for Grants to States for Low-Income Housing Projects in Lieu of Low-Income Housing Credits for 2009

Agency name		Street address
DUNS n	number	City
EIN		State & zip code
2.	Contact Person – Enter information about	the person to be contacted about this application.
Name		Organizational affiliation
Phone 8	k fax	E-mail address
3.	for the first time in April-June 2009. Facto for calendar year 2008. The maximum an credit ceiling for 2008 times 10 times .85.	ors (a) and (c). Complete the chart below for an application submitter (a) is the unused State housing credit ceiling (if any) of the State bount to be entered in the first line below is the amount of the unused. The maximum amount to be entered in the second line below is the esignated Agencies in this application package. Enter the amount of
Maximu Total of	m amount of Factor (a) m amount of Factor (c) from List Factors (a) and (c) rant amount requested of Factors (a) and (c)	
4.		Returned 2009 Ceiling – Complete the chart below for an applicatio is known in whole or in part. The maximum is the amount of State es 10 times .85.
	m amount of Factor (b) mount requested of Factor (b)	
5.		2009 National Pool Allocation – Complete the chart below for an pol allocation amount is known. The maximum is the National Pool .85
Maximu	m amount of Factor (d)	
Grant ar	mount requested of Factor (d)	
6.	Subsequent Grant Amount Requested – C grantee did not request the maximum amount for the state of the state o	complete the chart below for an application submitted when the bunt from Factors (a), (b), (c), or (d).
Subseq	uent grant amount requested of Factor (a) uent grant amount requested of Factor (b) uent grant amount requested of Factor (c) uent grant amount requested of Factor (d)	
Treasury	y use only	
7.	Signature of Authorized Representative - U	Inder penalties of perjury, I declare that I have examined this

application and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am an authorized official for the designated State housing credit agency authorized to submit this application on behalf of agency. Further, the agency agrees the information in this application can be disclosed to the Internal Revenue Service.

Name	Title	
Phone	Email	
Signature	Date signed	