**OKLAHOMA HOUSING FINANCE AGENCY**

**Annual Owner Certification**

**Cover Page**

**JANUARY 1, 20 Clic THROUGH DECEMBER 31, 20 xt.**

**DEVELOPMENT NAME:**

**ADDRESS: COUNTY:**

**CITY: STATE: ZIP:**

**OHFA FILE# ALLOCATION YEAR;**

**PLACED IN SERVICE DATE (PIS):**

**FIRST YEAR CREDIT WAS CLAIMED (Part II of Form 8609):**

**PROPERTY EMAIL ADDRESS:**

**SITE MGR: SITE TELELPHONE#:**

Please check if the new address has been since the last report

**DEVELOPMENT OWNER: TIN#:**

**MAILING ADDRESS:**

**CITY: STATE: ZIP:**

**CONTACT PERSON: TITLE:**

**OWNER EMAIL ADDRESS:**

**TELEPHONE:**

**Has ownership (or the general partner) changed or transferred since the date of allocation? Yes  No**

If yes, attach a copy of the resolution that was approved by OHFA’s Board of Trustees

**G.P. OR Managing member:** Click or tap here to enter text. **TIN:**

**(This is the responsible party NOT the management company)**

**Has the Management Agent changed since PIS: Yes  No**

If yes, attach a list of prior management agents and date of employment

Please check if the new address has been since the last report

**MANAGEMENT AGENT: TIN#:**

**MAILING ADDRESS:**

**CITY: STATE: ZIP:**

**CONTACT PERSON: TITLE:**

**MANAGEMENT EMAIL ADDRESS:**

**TELEPHONE:**

**Has the syndicator/investor changed since PIS: Yes  No**

If yes, attach a list of prior investors and the date

**DEVELOPMENT SYNDICATOR/INVESTOR:**

**MAILING ADDRESS:**

**CITY:**

**STATE: ZIP:**

**CONTACT PERSON: TITLE:**

**SYNDICATOR EMAIL ADDRESS:**

**TELEPHONE:**

**REMINDER: Attache the Unit Data Sheets for EACH BIN OHFA does not require the TIC’s unless requested**