OKLAHOMA HOUSING FINANCE AGENCY Annual Owner Certification Cover Page

JANUARY 1, 20____ THRU DECEMBER 31, 20____

DEVELOPMENT NAME:			
ADDRESS:		COUNTY:	
CITY:	STATE:	ZIP:	
OHFA FILE #:		ION YEAR:	
PLACED IN SERVICE DATE (PI	S):		
FIRST YEAR CREDIT WAS CLA	MED (Part II of Form	n 8609):	
PROPERTY EMAIL ADDRESS:		SITE MGR:	
SITE TELEPHONE #:	FAX #:		
please check if new add	ess since last repo	ort	
DEVELOPMENT OWNER:		TIN # <u>:</u>	
MAILING ADDRESS:			
CITY:			
CONTACT PERSON:	TITLE:		
OWNER EMAIL ADDRESS:			
TELEPHONE #:	FAX #:		
Has ownership (or the general allocation? YES OR NO If yes, attach a copy of the reso			
G.P. or Managing member	er:	TIN:	
(This is the responsible	party NOT the manag	gement company)	

Revised August 2009

Appendix I

Has Management Agent changed since PIS: YES OR NO

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

please check if new address since last report

MANAGEMENT AGENT:		TIN #	
MAILING ADDRESS:			
CITY:			
CONTACT PERSON:	TI	TLE:	
MANAGEMENT EMAIL ADDRES	S:		
TELEPHONE #:	FAX #:		
Has syndicator / investor change If yes, attach list of prior in	ed since PIS: YI	ES OR NO	
DEVELOPMENT SYNDICATOR /	INVESTOR:		
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
CONTACT PERSON:		TITLE:	
SYNDICATOR EMAIL ADDRESS:	·		
TELEPHONE #:	FAX		

REMINDER: ATTACH THE UNIT DATA SHEETS FOR EACH BIN OHFA does not require the TIC's unless requested