



NOTICE OF BUILDING CASUALTY LOSS OR DAMAGE

The Michigan State Housing Development Authority (MSHDA) should be notified if the loss results from a major event such as fire or flood, the loss results in a household being transferred or removed from the unit, or if an occupied unit will not pass a Uniform Physical Conditions Standards (UPCS) inspection for more than 48 hours.

Internal Revenue Code Section 42(j)(4)(E) states that buildings which are allocated tax credits are protected from recapture of credits due to a casualty loss to the extent such loss is restored by reconstruction or replacement within a reasonable period. Low-Income Housing Credit Owners must report the casualty loss of a building to MSHDA within 30 days of the loss. **Complete a separate form for each building** and submit to the address below:

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
735 E. Michigan Avenue, P.O. Box 30044
Lansing, MI 48909
Attn: Debbie Monroy, Compliance Monitoring
Fax: 517-335-0125 Email: mshdacmpli@michigan.gov

Date MSHDA Notified: _____ Date of Loss/Damage: _____

Project Name	
MSHDA # & LIHTC #	
Project Address	
City/Zip	

Address Where Loss Occurred	
City/Zip	
Same as Above	<input type="checkbox"/>
Building Affected	
Building Identification # (BIN)	MI-
Unit(s) Affected	

Ownership Entity Name	
Contact Name	
Address	
City, State, Zip	

Management Company	
Management Contact	
Phone/Cell	
Email	

Total Loss: Partial Loss:

Type of Loss: Fire Flood Roof Leak Other: (Specify) _____

No. of Low-Income Units Affected: _____ No. of Low-Income Households Displaced: _____

Fire Dept. or Police Notified: Yes (if Yes, please attach a copy of the report) No

Write a brief description of the loss. Identify any causes of the loss. Attach a separate page if needed.

Estimated Back in Compliance Date: _____

Description of the Correction(s) to be Taken:

Under penalties of perjury, the undersigned certifies that the information presented herein is true, correct, and complete to the best of their knowledge and belief. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information will result in noncompliance.

Signature of Authorized Representative Reporting Loss:

Signed: _____

Print Name: _____

Title: _____

Company: _____

Phone: _____

Email: _____

Back in Compliance and all Noncompliance Corrected

Under penalties of perjury, the undersigned certifies that the information presented herein is true, correct, and complete to the best of their knowledge and belief. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information will result in noncompliance.

This certification is made by the development owner and is signed by a duly authorized representative of the development owner. I hereby certify, under penalty of perjury, that all repairs to the above related address(es) are complete, and the unit is either occupied or ready for occupancy. Attach any relevant photographs.

Date Back in Compliance: _____

Signature of Owner's Representative:

Signed: _____

Print Name: _____

Date: _____

Title: _____

Company: _____

Phone: _____

Email: _____