



## 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:

Send completed form to:  
 Michigan State Housing Development Authority  
 Compliance Monitoring – Asset Management  
[mshdacompli@michigan.gov](mailto:mshdacompli@michigan.gov)  
 cc: your asset manager if MSHDA financed

Date MSHDA Notified: \_\_\_\_\_ Date of Loss/Damage: \_\_\_\_\_

<b>Project Name</b>	
<b>MSHDA # &amp; LIHTC #</b>	
<b>Project Address</b>	
<b>City/Zip</b>	

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

<b>Ownership Entity Name</b>	
<b>Contact Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	

<b>Management Company</b>	
<b>Management Contact</b>	
<b>Phone/Cell</b>	
<b>Email</b>	

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: \_\_\_\_\_

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**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: \_\_\_\_\_