

**Michigan State Housing Development Authority  
LOW INCOME HOUSING TAX CREDIT PROGRAM**

**ANNUAL PROJECT SUMMARY**

**I. PROJECT DATA** **PERIOD COVERED:** \_\_\_\_\_

This report must be completed annually during each year of the compliance period and cover the entire 12 months, from January 1 to December 31.

**Project Name:** \_\_\_\_\_ **BIN Number(s):** \_\_\_\_\_

**Address of Project:** \_\_\_\_\_

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

**Mailing Address of Owner:** \_\_\_\_\_

**Number of Buildings:** \_\_\_\_\_ **First Year Tax Credits Claimed:** \_\_\_\_\_

**II. OCCUPANCY INFORMATION**

**Chosen percentage of set-aside units: (COMPLETE ONE)**

- 20% of units @ 50% of Median Income
- 40% of units @ 60% of Median Income
- 100% of units at \_\_\_\_\_% of Median Income
- Other: \_\_\_\_\_% of units at \_\_\_\_\_% of Median Income

**III. RENTAL INFORMATION**

Total Units Occupied by or Reserved for Low Income Tenants: \_\_\_\_\_

Total Units Occupied by or Reserved for Market Rate Tenants: \_\_\_\_\_

Model/Office or Employee-Occupied Units (Unit #): \_\_\_\_\_

Total of Units in Project: \_\_\_\_\_

**IV. LOW INCOME UNITS**

Complete the following chart, detailing every household which occupied a unit at any time during the 12 month compliance period, including those now vacant. Indicate those units that are employee-occupied or model/office units.

