

**Michigan State Housing Development Authority
COMPLIANCE MONITORING**

Common Area/Employee Unit Designation Statement

Project Name: _____ MSHDA #: _____ Project City: _____

As the Owner of the above mentioned project, located in _____ County, Michigan, I hereby request MSHDA approval to make the following common area unit change to unit # _____.

Check one box only:

COMMON AREA RESIDENTIAL UNIT:

The manager's/employee-occupied unit is a common area unit that supports and/or is reserved for the benefit of all low-income rental units. The tenant occupying the unit is employed full-time at this development. The unit is excluded from the low-income occupancy calculation for purposes of determining the applicable fraction and the qualified basis of the project.

COMMON AREA NON-RESIDENTIAL UNIT

Describe proposed use: _____

LIHTC RESIDENTIAL RENTAL UNIT (not common area)

The manager's/employee occupied unit is a low-income rental unit and is included in the low-income occupancy percentage for purposes of determining the applicable fraction and the qualified basis of the project and building. To be considered a qualified LIHTC unit, the unit must be rent-restricted, income eligible, and under lease with an initial term of at least six months. The appropriate monitoring fee must be paid for this unit.

A MARKET RATE RENTAL UNIT (not common area)

The unit is used by the manager / employee without regard to the rent being charged or the income level of the tenant. (Not permissible for 100% LIHTC properties)

NOT APPLICABLE:

This project does not contain a common area or manager/employee occupied unit.

Number of Units in Project	Quantity
Number of common area units:	
Number of LIHTC residential rental units (not incl. common area units):	
Number of Market Rate residential rental units:	
Total Number of units (incl. common area, LIHTC, and MKT):	

Location of all Common Area Unit(s) or Manager/Employee Unit(s) in the Project

Note: Once the unit has been identified, it cannot be relocated without pre-approval (in writing) from MSHDA Compliance Monitoring.

Unit #	BIN # of Bldg	Street Address of Bldg	Sq. Ft. of Unit	# Bdrms
	MI-			

(Name of Ownership Entity)

(Federal Tax Payer Id #)

(Signature of Authorized Official)

(Title)

(Typed Name of Authorized Official)

(Date)