

Initial Qualified Occupancy Summary

Partnership Name: _____ Report Date: _____

Property Name: _____ Prepared By: _____

Total # Units in Project: _____

Building Address:														<-- BIN Unit Mix		
(BIN) Building Identification #:	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	# Units	LIHTC	Market
Placed in Service Date:																
Actual Qualified Occupied													0	Eff		
Actual Qualified Vacant													0	1BR		
Actual UnQualified Occupied (Market Rate)													0	2BR		
Projected/Future Lease Up (LIHTC)													0	3BR		
Projected/Future Lease Up (Market)													0	4BR		
Should equal Grand Total (GT) # of units in BIN --->													Totals	0	0	
													GT	0	0	

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