

## Application for Grants to States for Low-Income Housing Projects in Lieu of Low-Income Housing Credits for 2009

1. Applicant Information – Enter information about the designated State housing credit agency.

Agency name	Connecticut Housing Finance Authority	Street address	999 West Street
DUNS number	08-334-0695	City	Rocky Hill
EIN	06-1267528	State & zip code	CT 06067

2. Contact Person – Enter information about the person to be contacted about this application.

Name	<b>Mr. Michael J. Ward</b>	Organizational affiliation	Connecticut Housing Finance Authority
Phone & fax	860-571-4216 Fax: 860-571-8614	E-mail address	michael.ward@chfa.org

3. Initial Grant Amount Requested from Factors (a) and (c). Complete the chart below for an application submitted for the first time in April-June 2009. Factor (a) is the unused State housing credit ceiling (if any) of the State for calendar year 2008. The maximum amount to be entered in the first line below is the amount of the unused credit ceiling for 2008 times 10 times .85. The maximum amount to be entered in the second line below is the amount listed as Factor (c) in the List of Designated Agencies in this application package. Enter the amount of grant funds requested on the fourth line.

Maximum amount of Factor (a)	354,416.00
Maximum amount of Factor (c) from List	27,379,791.00
Total of Factors (a) and (c)	27,734,207.00
Initial grant amount requested of Factors (a) and (c)	0.00

4. Grant Amount Requested from Factor (b): Returned 2009 Ceiling – Complete the chart below for an application submitted after the returned 2009 amount is known in whole or in part. The maximum is the amount of State housing credit ceiling returned in 2009 times 10 times .85.

Maximum amount of Factor (b)	39,106,630.00
Grant amount requested of Factor (b)	34,000,136.00

5. Grant Amount Requested from Factor (d): 2009 National Pool Allocation – Complete the chart below for an application submitted after the National Pool allocation amount is known. The maximum is the National Pool allocation amount times .4 times 10 times .85

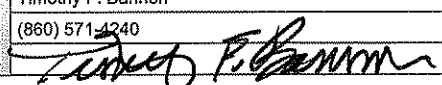
Maximum amount of Factor (d)	
Grant amount requested of Factor (d)	

6. Subsequent Grant Amount Requested – Complete the chart below for an application submitted when the grantee did not request the maximum amount from Factors (a), (b), (c), or (d).

Subsequent grant amount requested of Factor (a)	
Subsequent grant amount requested of Factor (b)	
Subsequent grant amount requested of Factor (c)	
Subsequent grant amount requested of Factor (d)	

Treasury use only

7. Signature of Authorized Representative - Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am an authorized official for the designated State housing credit agency authorized to submit this application on behalf of agency. Further, the agency agrees the information in this application can be disclosed to the Internal Revenue Service.

Name	Timothy F. Bannon	Title	President - Executive Director
Phone	(860) 571-4240	Email	timothy.bannon@chfa.org
Signature		Date signed	6-30-09