HOUSING TAX CREDIT CONTRIBUTION PROGRAM QUARTERLY PROGRESS REPORT

**All HTCC Quarterly Reports must be submitted via our secured HTCC Sharefile portal** [**here**](https://www.chfa.org/sharefile-htcc-reporting/)**. The link can also be found on our State Housing Tax Credit Contribution (HTCC) Program** [**web page**](https://www.chfa.org/developers/tax-credit-program/htcc/)**.**

|  |  |
| --- | --- |
| Project Name: | Click or tap here to enter text. |
| Project Number: | Click here. | Quarter Ended: | Click here. |
| Date of Reservation: | Click or tap here to enter text. |

**For a revolving loan fund check here** [ ]  **and complete only Part D**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Part A\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sources | Amount |  | Proposed | Committed | Closed |
| HTCC Proceeds |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]
| Click here. |  | $ | Click here. |  |[ ] [ ] [ ]

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| --- | --- | --- | --- |
| Total Development Cost: | $ | Click here. | (includes acquisition) |

Are the HTCC funds in a segregated account? [ ]  Yes [ ]  No

Do the HTCC expenditures made during this reporting period align with the HTCC uses approved in the development budget from your application? [ ]  Yes [ ]  No

If no, has CHFA been notified of the change to the allocation of HTCC funds? [ ]  Yes [ ]  No

Has there been any material change(s) to your proposal which require(s) CHFA’s consent/approval? [ ]  Yes [ ]  No

If yes, please provide a request for approval with submission.

Have you previously submitted the executed Commitment Letters for the committed and/or closed sources indicated above? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
|  If no, please attach. If not yet available, indicate date expected. Expected Date: | Click here. |

Have you submitted the necessary building permits required for the scope of work approved in your application? [ ] Yes [ ] No

|  |  |
| --- | --- |
|  If no, please attach. If not yet available, indicate date expected. Expected Date: | Click here. |

|  |  |
| --- | --- |
| Project Start Date: | Click or tap here to enter text. |
| Percentage of project completion to date: | Click here. | % |
| Amount of HTCC funds expended to date: | $ | Click or tap here to enter text. |
| Estimated date of substantial completion: | Click or tap here to enter text. |
| Total number of units certified for occupancy to date: | Click here. |
| Anticipated placed-in-service date: | Click or tap here to enter text. |
| Anticipated close-out date: | Click or tap here to enter text. |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Part B\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Part C\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*PartD\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |
| --- | --- | --- |
| Amount of receipts this quarter: | $ | Click or tap here to enter text. |
| Amount of disbursements this quarter: | $ | Click or tap here to enter text. |
| Amount of disbursements from the date of reservation to this quarter: | $ | Click or tap here to enter text. |

\*\*\*\*With each quarterly report submission, provide a running list of loans originated from the Loan Fund.

***Note: The HTCC funds in this revolving loan fund must be disbursed within three (3) years from reservation.***

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**It is the Applicant’s responsibility to submit this report on time in order to remain in compliance with the program requirements. Incomplete responses, or lack of information provided for each line item will result in an incomplete submittal and may result in non-compliance in your reporting requirements.**

The undersigned by its signature below acknowledges that this quarterly report is complete, accurate, and will be delivered to CHFA in a timely manner, in order to remain eligible to apply for an award in future HTCC funding rounds. Applicant further acknowledges that its HTCC award(s) is/are subject to recapture in instances of non-compliance at the sole determination of CHFA. At the discretion of CHFA, incomplete responses will need to be resubmitted within five (5) business days. CHFA may make periodic site visits and monitor programs to ensure compliance with the HTCC program.

Signed under penalty for false statement, Sec. 53a – 157b of the Connecticut General Statutes

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| --- | --- | --- | --- |
| Click or tap here to enter text. |  |  |  |
| Print Name |  |  |  |  |
|  |  | Click here. |
| Signature |  |  | Date |  |

|  |
| --- |
| ***For CHFA Use Only*** |
| ***Reviewed by:*** | Click here. | ***(Initials) Date:*** | Click here. | [ ]  ***QTRLY Report Acceptable*** |
|  | [ ]  ***QTRLY Report NOT Acceptable*** |