



Use this form to request a Supplemental Tax Credit Allocation Reservation if the amount of Qualified Rehabilitation Expenditures (QRE) exceeds the amount of QRE estimated on Part B. Applicants should refer to the Program Instructions for detailed guidance on completing each section.

1. Property Name _____

Street Address _____

County _____

2. Applicant Name

Organization _____

Contact Person _____

Mailing Address _____

Phone _____

Email _____

3. Project Contact (if different than applicant)

Organization _____

Contact Person _____

Mailing Address _____

Phone _____

Email _____

4. Allocation Status & Supplemental Request

Qualified Rehabilitation Expenditures estimated on Part B _____

Actual Qualified Rehabilitation Expenditures reported on Part C _____

Current Tax Credit Allocation _____

Amount of Supplemental Request _____

Were expenditures related to the Supplemental Request previously approved or approved with Conditions in the Part B or Amendments? Yes No

5. Applicant Signature

I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct.

Signature: _____ Date: _____