

AHTC FORM 105
TAX CREDIT CONTACT INFORMATION
CHANGES IN OWNERSHIP OR MANAGEMENT FOR TAX CREDIT DEVELOPMENTS

NAME AND CITY OF PROPERTY: _____

PROJECT # : _____

TODAY'S DATE: _____

PERSON COMPLETING THIS FORM: _____

CHANGE IN OWNERSHIP

OLD OWNER
NAME
CITY, STATE
NEW OWNER
DATE OF CHANGE
NAME (legal)
ADDRESS
CITY, STATE, ZIP
CONTACT PERSON
CONTACT PH#
CONTACT EMAIL
CONTACT FAX
TAXPAYER ID#
BUSINESS DESIGNATION (LLC, CORP, etc.)

CHANGE IN MANAGEMENT COMPANY

OLD MANAGEMENT COMPANY
NAME
CITY, STATE
NEW MANAGEMENT COMPANY
DATE OF CHANGE
NAME (legal)
ADDRESS
CITY, STATE, ZIP
CONTACT PERSON
CONTACT PH#
CONTACT EMAIL
CONTACT FAX
TAXPAYER ID#
BUSINESS DESIGNATION (LLC, CORP, etc.)

IF *ONLY* CHANGING THE CONTACT PERSON OR ADDRESS

NEW CONTACT PERSON
NEW ADDRESS
CITY, STATE, ZIP
EMAIL
PHONE

IF *ONLY* CHANGING THE CONTACT PERSON OR ADDRESS

NEW CONTACT PERSON
NEW ADDRESS
CITY, STATE, ZIP
EMAIL
PHONE