

Notification of **Unit(s) Offline**

		Project Name:OHFA Tracking #:						
	Owners must submit th	nis form within 5 business days of unit bei	ng taken offline.					
he undersigned hereby remove	es unit(s), designated as low-income from being available for public use as of this date							
Tot	al number of tenants that have	e been displaced:						
lease list each building with any vailable for public use.	units being removed; include	the reason for the loss, the date the unit(s)	went offline and the project \(\subseteq Additional offline unital of the content of th					
Building Identification Number	Unit Number(s)	Reason for Removal *	Date Offline	Estimated Date Available to Public				
Examples of Reasons for Remova	al include, but are not limited t	to: Destruction or Fire in a Unit, Vandalism o	f a Unit, and Water Damage	e.				
Explain the relocation plans for a casualty.	ny tenant who was displaced	as a result of the unit being taken offline. E	e sure to include any resu	Ilting tenant injury and/or				
Siling and Income of Chairm								
re vou filing an insurance Claim		☐ Photos of damag	ned unit(s) are attached. (F	Required)				
re you filing an insurance Claim If yes, Insurance Provider:	n? 🗆 Yes 🗆 No		ged unit(s) are attached. (F	•				
If yes, Insurance Provider: representative of the Owner will be needed to have the unit	<u>must</u> submit as soon as ava t(s) returned to public use. I		ope of work. Steps must d is in the first 15 years o	be clearly outlined what				
If yes, Insurance Provider: A representative of the Owner will be needed to have the unit be issued in accordance with t	must submit as soon as ava t(s) returned to public use. I the Internal Revenue Code. S	Claim #:claim #:	ope of work. Steps must d is in the first 15 years o	be clearly outlined what				
If yes, Insurance Provider: A representative of the Owner will be needed to have the unit oe issued in accordance with to owner/Representative Signature	must submit as soon as ava t(s) returned to public use. I the Internal Revenue Code. S	Claim #: nilable the fire report, police report or so f the project has Housing Tax Credits an Submit documents to compliance@ohiohor	ope of work. Steps must d is in the first 15 years o	be clearly outlined what				
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Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.







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Building Identification Number	Unit Number(s)	Reason for Removal *	Date Offline	Estimated Date Available to Public	

