

**BUILDING CASUALTY LOSS NOTIFICATION**

Internal Revenue Code Section 42(j)(4)(E) indicates there is no recapture by reason of casualty loss provided that such loss is restored by reconstruction or replacement within a reasonable period. Owners of LIHTC properties must report to ADFA the casualty loss of a building within thirty (30) calendar days of the loss. Complete a separate form for each building and submit to the address below:

**Arkansas Development Finance Authority  
ATTN: Compliance Monitoring Dept.  
423 Main Street, Suite 500  
Little Rock, AR 72201**

Building Identification Number (BIN) of building affected: AR. \_\_\_\_\_

Name of Project: \_\_\_\_\_

Address of Project: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Taxpayer Identification No.: \_\_\_\_\_

Owner's Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

General Partner: \_\_\_\_\_

Telephone: \_\_\_\_\_

**The undersigned hereby certifies that the information provided herein is true and correct to the best of his/her knowledge. He/she further certifies under penalty of perjury that the project meets the requirements of Internal Revenue Code Section 42.**

Date of Loss: \_\_\_\_\_ Was Loss Total or Partial? (circle one)

No. of LIHTC Units Affected: \_\_\_\_\_ No. of LIHTC Households Displaced: \_\_\_\_\_

Write a brief description of the loss. Identify any causes of the loss. Attach a separate page if needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Time for Replacement: \_\_\_\_\_ Applicable Fraction at Prior Year End: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date