

New York State Department of Taxation and Finance

Low-Income Housing Credit Allocation and Certification DTF-625

(See instructions, Form DTF-625-I, for assistance in completing this form.)

Pa	rt 1 – Allocation of credit – Completed by New York State Div	vision of Housing and Community R	enewal (DHCR)			
	·	· ·	erty is receiving a fed	leral LIHC		
Ac	dress of building (do not use PO box) (see instructions)	Name and address of building owner receiving allocation				
No	w Vork State building identification number (PIN)	Taxpayor identification number of building	owner receiving allocation			
New York State building identification number (BIN)		Taxpayer identification number of building owner receiving allocation				
		using credit dollar amount allowable				
	2 Maximum applicable credit percentage allowable (see instructions)			%		
	Maximum qualified basis		3a.			
3b	Mark an X in the box if the eligible basis used in the compu					
	under the high-cost area provisions of Internal Revenue Code (I			0/		
	the percentage to which the eligible basis was increased (see in			<u>%</u> %		
	Percentage of the aggregate basis financed by tax-exempt bon	as (if zero, enter $\boldsymbol{0}$)	4.	%		
	 5 Date building placed in service (mm-dd-yyyy) 6 Mark an X in the boxes that describe the allocation for the building (mark all that apply): 					
				ly cubaidized		
 a Newly constructed and federally subsidized b Newly constructed and not federally subsidized e IRC section 42(e) rehabilitation expenditures not federall f Not federally subsidized by reason of 40-50 rule under IRC section 42(e) 						
	c Existing building	g Allocation subject to nonprofit s				
	d IRC section 42(e) rehabilitation expenditures federally subsidized			12(1)(0)		
Un	der penalties of perjury, I certify that the allocation made is in compliance with	h the requirements of Article 2-A of the Ne	w York State Public Hou	sing Law and		
_	tion 42 of the IRC, and that I have examined Part 1 of this form and to the b			d complete.		
Signature of authorized official Name (type or print) Date						
Part 2 – First-year certification – Completed by building owner with respect to the first year of the credit period						
7a Date building placed in service (mm-dd-yyyy) 7b Eligible basis of building (see instr.) 7b.						
	Original qualified basis of the building at close of first year of cr					
0a	Original qualitied basis of the building at close of first year of ch		oa.			
8b	Are you treating this building as part of a multiple building proje	ct for purposes of IRC section 42? ((see instr.) Yes	No		
0 2	9a If box 6a or box 6d is marked, do you elect to reduce eligible basis under IRC section 42(i)(2)(B)?					
	Bb For market-rate units above the average quality standards of low-income units in the building, do you elect					
0.0	to reduce the eligible basis by disproportionate costs of non-low-income units (IRC section 42(d)(3)(B))? Yes No					
10	10 Mark the appropriate box for each election:					
	Caution: Once made, the following elections are irrevocable.					
	a Elect to begin credit period the first year after the building is	placed in service (IRC section 42(f)	(1)) Yes	No		
			_			
	$\boldsymbol{b}~~\text{Elect}~\boldsymbol{not}$ to treat large partnership as taxpayer (IRC section	42(j)(5))	Yes			
	c Elect minimum set-aside requirement (IRC section 42(g)) (set	e instructions) 20-50 40-6	60 🗌 25-60 (NYC	only)		
	d Elect minimum set-aside requirement (Public Housing Law, s	section 21(5)(b))	40-90			
	e Elect deep-rent-skewed project (IRC section 142(d)(4)(B)) (se	e instructions)	15-40			



Under penalties of perjury, I certify that the building described on this form qualifies as part of a qualified low-income housing project and meets the requirements of New York State Public Housing Law Article 2-A and IRC section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of building owner or authorized individual	Taxpayer identification number	Date		
Name (type or print)				

Where to file

Send your properly completed Form(s) DTF-625 to the following address:

INCOME TAX AUDIT ADMINISTRATOR 1 INCOME/FRANCHISE DESK AUDIT BUREAU W A HARRIMAN CAMPUS ALBANY NY 12227

Additionally, you must file Form DTF-625-ATT with your return for each year of the 15-year compliance period. Use Form DTF-624, *Claim for Low-Income Housing Credit*, to claim the credit. See the instructions for these forms for filing information.

