

Department of Taxation and Finance

Low-Income Housing Credit Allocation and Certification Tax Law – Article 1, Section 18 **DTF-625**

(See instructions, Form DTF-625-I, for assistance in completing this for	•			
Part 1 – Allocation of credit – Completed by New York State Division of Housing and Community Renewal (DHCR) (see instructions)				
Mark an X in the box if: Addition to qualified basis A Transfer approval and enter the SLIH		erty is receiving a fed	leral LIHC	
Address of building (do not use PO Box)	Name and address of building owner receiv	ring allocation		
New York State building identification number (BIN)	Taxpayer identification number of building o	wner receiving allocation		
a Date of allocation (mm-dd-yyyy) 1b Maximum housing credit dollar amount allowable		1b	.00	
2 Maximum applicable credit percentage allowable		2	%	
a Maximum qualified basis		3a	.00	
3b Mark an X in the box if the eligible basis used in the computation of line 3a was increased				
under the high-cost area provisions of Internal Revenue Code (IRC) section 42(d)(5)(B). Enter		26	%	
4 Percentage of the aggregate basis financed by tax-exempt bonds (<i>if zero, enter 0</i>)		4	%	
5a Date building placed in service (<i>mm-dd-yyyy</i>)			70	
5b Mark an X in the box if the date of allocation on line 1a is in	calendar year 2021 or 2022 and the	e building is located i	in a	
qualified disaster zone (see instructions).	-	Ū.		
6 Mark an X in the boxes that describe the allocation for the buildin	g (mark all that apply):			
a 📃 Newly constructed and federally subsidized	d IRC section 42(e) rehabilitation exp			
	e 🔄 IRC section 42(e) rehabilitation e			
- 5 5	f Allocation subject to nonprofit se			
Under penalties of perjury, I certify that the allocation made is in compliance with the requirements of Article 2-A of the New York State Public Housing Law (PHL) and section 42 of the IRC, and that I have examined Part 1 of this form and to the best of my knowledge and belief, the information is true, correct, and complete.				
Signature of authorized official Name (type or p		Date		
Part 2 – First-year certification – Completed by building owner with	respect to the first year of the cred	it period (see instructi	ions)	
			0113)	
7a Date building placed in service (mm-dd-yyyy) 7b			.00	
8a Original qualified basis of the building at close of first year of cred	lit period	8a	.00	
		<u>х</u>		
8b Are you treating this building as part of a multiple building project	for purposes of IRC section 42?	Yes 📖	No 🗀	
9a If box 6a or box 6d is marked, do you elect to reduce eligible basis under IRC section 42(i)(2)(B)? Yes No			No	
9b For market-rate units above the average quality standards of low-income units in the building, do you elect				
to reduce the eligible basis by disproportionate costs of non-low-income units (IRC section 42(d)(3)(B))? Yes 🗌 No 🗌			No	
10 Mark the appropriate box for each election:				
Caution: Once made, the following elections are irrevocable.			N 🗆	
a Elect to begin credit period the first year after the building is pl	aced in service (IRC section 42(f)(1)) Yes	No	
b Elect not to treat large partnership as taxpayer (IRC section 4:	2(i)(5))	Yes		
	2()(0))			
c Elect minimum set-aside requirement (IRC section 42(g))				
20-50 test 40-60 test	Average income	25-60 (NYC	only)	
	C C	`	3,	
d Elect minimum set-aside requirement (PHL, section 21(5)(b))		40-90		
Elect doop ront skowed preject (IPC section 140/d)/4//D))				
e Elect deep-rent-skewed project (IRC section 142(d)(4)(B))		15-40		
		625001230)094	

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 PHL Article 2-A and IRC section 42. I have examined this form and all documents submitted with it, 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 IFDAB W A HARRIMAN CAMPUS ALBANY NY 12227-4299

If not using U.S. Mail, see Publication 55, Designated Private Delivery Services.

Additionally, you must file Form DTF-625-ATT, *Low Income Housing Credit Annual Statement*, 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.



