APARTMENT COMPLEX: ____________________________

**GENERAL INFORMATION**

Total amount of PAB cap that was allocated this project by the State Board of Finance: ________

Total amount of PAB cap that was sold and issued: ____________________________

Date that PAB cap was allocated from the State Board of Finance to this project: ____________

Total number of apartments units at complex: ____________________________

Vacancy rate at complex for each of the last five years: ____________________________

Median area local income for family of four: $__________________________

**LOW INCOME UNITS**

a) Units available to households at 50% of median local income:

   Number of Units: ____________________________

   Percent of Total Units: ____________________________

   Duration at this level (months/years): ____________________________

b) Units available to households at 60% of median local income:

   Number of Units: ____________________________

   Percent of Total Units: ____________________________

   Duration at this level (months/years): ____________________________

**CERTIFICATION OF ISSUING AUTHORITY OF USER of PAB ALLOCATION**

Signature: ____________________________

Title: ____________________________

Date: ____________________________