

New York State Department of Taxation and Finance

## **DTF-625**

## **Low-Income Housing Credit Allocation and Certification**

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

Part	1 — Allocation of credit — Completed by New York State Division of Housing and Community Re	enewal (	(DHCR)			
Mar	k an <b>X</b> in the box if: Addition to qualified basis Amended form This prop	erty is r	eceiving a fed	eral LIHC		
Addre	ess of building (do not use PO box) (see instructions)  Name and address of building owner rece	iving alloc	ation			
New '	York State building identification number (BIN)  Taxpayer identification number of building	owner rec	ceiving allocation			
	Date of allocation 1b Maximum housing credit dollar amount allowable					
2	Maximum applicable credit percentage allowable	2.		%		
3a	Maximum qualified basis	3a.				
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)(C). Enter					
	the percentage to which the eligible basis was increased (see instructions)	3b.	1	%		
4	Percentage of the aggregate basis financed by tax-exempt bonds (if zero, enter 0)	4.		%		
5	Date building placed in service					
6	Mark an X in the boxes that describe the allocation for the building (mark all that apply):					
	a Newly constructed and federally subsidized e IRC section 42(e) rehabilitation	expendit	ures <b>not</b> federall	y subsidized		
	<b>b</b> Newly constructed and <b>not</b> federally subsidized <b>f</b> Not federally subsidized by reason of	of 40-50 ru	ule under IRC sect	ion 42(i)(2)(E		
	c ☐ Existing building g ☐ Allocation subject to nonprofit	set-aside	under IRC sect	ion 42(h)(5)		
	d IRC section 42(e) rehabilitation expenditures federally subsidized					
	r penalties of perjury, I certify that the allocation made is in compliance with the requirements of Article 2-A of the Ne					
	on 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 of authorized official Name (type or print)			complete.		
Signa	ature of authorized official Name (type or print)	Dat	ie			
Part 2 — First-year certification — Completed by building owner with respect to the first year of the credit period						
72	Date building placed in service <b>7b</b> Eligible basis of building (see instructions)	7h				
	Original qualified basis of the building at close of first year of credit period					
oa	Original qualified basis of the building at close of first year of credit period	. oa.				
8b	Are you treating this building as part of a multiple building project for purposes of IRC section 423	(see ins	str.) Yes	No 🗌		
	If box 6a or box 6d is marked, do you elect to reduce eligible basis under IRC section 42(i)(2)(B)?		Yes	No		
	Do you elect to reduce the eligible basis by disproportionate costs of non-low income units (IRC section 42(d)(3))?		Yes	No 🗌		
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		
	<b>b</b> Elect <b>not</b> to treat large partnership as taxpayer (IRC section 42(j)(5))		Yes			
	c Elect minimum set-aside requirement (IRC section 42(g)) (see instructions) 20-50 40-	60	25-60 (NYC	only)		
	d Elect minimum set-aside requirement (Public Housing Law, section 21(5)(b))		40-90			
	e Elect deep-rent-skewed project (IRC section 142(d)(4)(B)) (see instructions)		15-40			



## DTF-625 (10/06) (back)

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.