

Affordable Housing Transmittal Page

Tax Lien Date: 01-01-20__

County: _____

Property Information:

Owner Legal Name: _____

Doing Business As: _____

Parcel(s): _____

Units: _____

Property Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Mailing Address: _____

Property is:

Section 42:
Section 8:
Section 521:

Section 202:
Section 515:

Section 811:
Section 538:

If checked, the owner wishes to challenge the presumptive amounts set forth by HB 33:

Owners Opinion of Value for TY 20__ (optional): _____

Attachments:

20__ – 20__ – 20__ Audited financials

Other:

I hereby certify the information contained herein and attached to be true and accurate to the best of my ability.

Signature & Date: _____