

# Notification Of Unit(s) Offline


**Property Name:** \_\_\_\_\_ **OHFA Tracking #:** \_\_\_\_\_

**Owners must submit this form within 5 business days of unit being taken offline.**

The undersigned hereby removes \_\_\_\_\_ unit(s), designated as low-income from being available for public use as of this date \_\_\_\_\_. Total number of tenants that have been displaced: \_\_\_\_\_

*Please list each building with any units being removed; include the reason for the loss, the date the unit(s) went offline and the projected date the unit(s) will be available for public use. (Use an additional page if necessary)*

Building Identification Number	Unit Number(s)	Reason for Removal *	Date Offline	Estimated Date Available to Public

For additional rows, please push button  Additional Rows

\* *Examples of Reasons for Removal include, but are not limited to: Destruction or Fire in a Unit, Vandalism of a Unit, and Water Damage.*

Explain the relocation plans for any resident who was displaced as a result of the unit being taken offline. Be sure to include any resulting resident injury and/or casualty.

Are you filing an Insurance Claim? Yes No Photos of units are attached. (Required)

If yes, Please provide Insurance Provider and Claim #: \_\_\_\_\_

**A representative of the Owner must submit as soon as available the fire report, police report or scope of work. Steps must be outlined clearly what will be needed to have the unit(s) returned to public use. If the property has Housing Tax Credits and is in the first 15 years of compliance, 8823s will be issued in accordance with the Internal Revenue Code. Submit documents to your Compliance Auditor.**

\_\_\_\_\_  
 Owner/Owner Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (Type or Print)

\_\_\_\_\_  
 Title

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## For OHFA Use Only

Auditor Assigned: \_\_\_\_\_

Date Notification received: \_\_\_\_\_

8823 Issued Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Compliance Operations Manager

\_\_\_\_\_  
 Date




# Notification Of Unit(s) Online

**Property Name:** \_\_\_\_\_ **OHFA Tracking #:** \_\_\_\_\_

Owners must submit this form within 5 business days of units being back online.

*Please list each building with any units being removed; include the reason for the loss, the date the unit(s) went offline and the projected date the unit(s) will be available for public use. (Use an additional page if necessary)*

Building Identification Number	Unit Number(s)	Description of Remedy	Date Online	Units that required perm. transfers

For additional rows, please push button  Additional Rows

Provide an update on the relocation plans for any resident who was displaced as a result of the unit being taken offline. Be sure to include any resulting resident injury and/or casualty. Attach a rent roll showing any permanent unit transfer.

Photos of units repairs are attached. (required)

Attach Certificate of Occupancy, Inspection Certificate or insurance payment and vendor invoices with proof of payment.

**A representative of the Owner must submit as soon as available the fire report, police report or scope of work. Steps must be outlined clearly what will be needed to have the unit(s) returned to public use. If the property has Housing Tax Credits and is in the first 15 years of compliance, 8823s will be issued in accordance with the Internal Revenue Code. Submit documents to your Compliance Auditor.**

\_\_\_\_\_  
Owner/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Title

## For OHFA Use Only

Auditor Assigned: \_\_\_\_\_

Date Notification received: \_\_\_\_\_

8823 Corrected Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Compliance Operations Manager

\_\_\_\_\_  
Date

