LIHTC Annual Occupancy Report

Exhibit DI-4

Only for Disaster Individuals with Temporary Housing Assistance

Report Covering Period:	**To:**

Property Information	**Owner / Management Information**
Property Number:	Owner Name:
Property Name:	Owner Phone:
Property Address:	Owner Email:
Property Phone/Email:	Mgmt. Agent/Contact Name:
Total Number of Units:	Mgmt. Agent Phone:
	Mgmt. Agent Email:

The following households were housed temporarily as defined by Rev. Proc. 2014-49 and 2014-50

IRS Building ID Number	Unit #	# of Bdrms	Move-In Date	Move-Out Date	Head of Household SS Number	Head of Household Full Name (first, last)	Gross Annual Income at **Move-in**	Monthly Rent	Util. Allow	# in *HH	Full Time Students Y/N	60% Mrkt Unit Y/N

*HH abbreviated for Household