Notice of Casualty Loss

Development Owner
Development Name
CMTS Number

The duly authorized representative of the Development Owner certifies that:

1. A casualty loss (CL) event, as defined by IRS Publication 547, has occurred at this property on or around [Date select.

2. The reported CL was a result of one of the following causes: [Selection Box]

3. This caused damage to the common areas, BIN's, and units listed on the subsequent page.

4. The above named individual or entity understands that, in the case of HTC developments, Form(s) 8823 will be filed declaring findings for all buildings and/or units listed above under 11c "Violation(s) of the NSPIRE or Local Inspection Standards**". It is the Owner's sole responsibility to notify The Department when all items are restored. Failure to provide such notification may result in a reduction of eligible basis and/or credit recapture or other enforcement actions deemed necessary by the Department.**

5. The above named individual or entity agrees to submit the Notice of Restoration and all supporting documentation by December 31, 2027.

This certification is made by the **Development Owner** and is signed by a duly authorized representative within the organizational structure of Development Owner, who is so authorized by reason of his/her position as the: [text box]

All the foregoing statements, as well as the date, signature and identifying information of the signer and the Development Owner that follows are HEREBY CERTIFIED as true and accurate as of [date picker].

Development Owner: [Development Owner]

By: Signature: _____
        Print Name: [Printed Name]
        Title: [Title]

Please upload the certification, completed in full, to the Electronic Document Attachment system through the property's Compliance Monitoring and Tracking System (CMTS) account. For instructions on how to use the attachment system, please see *Attaching Documents to CMTS* found on the Department's website.

Common Areas			
BIN	Units	BIN	Units