

**MULTIFAMILY DOCUMENT & PAYMENT RECEIPT**

**TDHCA** | Deliver to: 221 E. 11th St., Austin, TX 78701 | Mail to: PO Box 13941, Austin, TX 78711-3941

(This receipt does not attest to the sufficiency of documentation to fulfill Program requirements.)

Development: \_\_\_\_\_ Owner: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

TDHCA Application Number

TDHCA Date/Time Stamp

**Select Program of Documents/Payments Submitted (note: HTC = Housing Tax Credits)**

9% HTC (Competitive)    
  4% HTC - Tax Exempt Bond Issuer: \_\_\_\_\_    
  Direct Loan

**Indicate Nature of All Documents Submitted**

Pre-Application   
  Market Study   
  Phase I ESA   
  Site Design & Dev. Feasibility Report  
 Application   
  Appraisal   
  PCA/CNA   
  Primary Market Area Map  
 Waiver Request   
  Amendment   
 Community Revitalization Plan   
 Community Input   
 NRF Packet

**Describe Payment**

Check Amount: \_\_\_\_\_     Pre-app or Application Fee: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Check Number: \_\_\_\_\_     (circle which)     # of Units     Per unit fee     App. Fee

Non-Profit or CHDO     \_\_\_\_\_  
 NP Discounted Fee

Check Amount: \_\_\_\_\_     Other Fee: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_     Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Describe any special circumstances:*

\_\_\_\_\_

**NOTE: Housing Tax Credit Program Applicants that are CHDOs or Qualified Nonprofit Organizations and requesting a fee reduction, must attach a copy of their CHDO certificate or evidence of 501(c)(3) or (4) status to this receipt.**

\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_

Date     Applicant Signature     Staff Initials

Check this box to request a copy of the staff-initialed receipt.

Attach Check Here

