## Notification Of Unit(s) Offline



Property Name:				OHFA Tracking #:			
Owners must subm	nit this form within 5 l	business day	s of unit being	g taken offline.			
The undersigned h	nereby removes	_unit(s), de	signated as lo	ow-income from b	eing available for	public use	
as of this date		Total numbe	er of tenants th	nat have been dis	placed:		
	uilding with any units iected date the unit(s						
Building Identification Number	Unit Numbe	er(s)	Reason	for Removal *	Date Offline	Estimated Da Available to Public	
For additional rows	s, please push button	$\rightarrow$	ı Additional Ro	WS	I	1	
	easons for Removal i	•	are not limited	d to: Destruction o	or Fire in a Unit, Va	andalism of	
a Unit, and Wat		,			,		
	ion plans for any res any resulting resider			as a result of the i	unit being taken of	fline.	
Are you filing an	Are you filing an Insurance Claim? Yes No Photos of units are attached. (Require					Required)	
If yes, Please	e provide Insurance	Provider and	d Claim #:				
work. Steps mus the property has	of the Owner <u>must</u> t be outlined clearl Housing Tax Credi the Internal Revenu	y what will ts and is in	be needed to the first 15 y	have the unit(s) ears of compliar	) returned to pub nce, 8823s will be	lic use. If	
Owner/Owner F	Owner/Owner Representative Signature			Date			
Name (Type or P	rint)						
For OHFA Use				Title			
	Only		Auditor A				
Date Notification re	Only eceived:		Auditor A				
	•						
	eceived:						

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## Notification Of Unit(s) Online



Property Name: _	acking #:			
Owners mu	st submit this form withir	n 5 business days of units be	eing back online.	
		ack online; include the descripti public use. (Use an additional pa		the date the
Building Identification Number	Unit Number(s)	Description of Remedy	Date Online	Units that required perr transfers
				``
or additional rows, ple	ease push button —>	Additional Rows		
Provide an update o	n the relocation plans fo	r any resident who was disp	laced as a result o	of the
		owing any permanent unit tr		J. 11.0
Dhataa of unita ra	noire are attached	Attack Cartificate of Occur	vanov Inapportion Co	artificate or
(required)	pairs are attached.	Attach Certificate of Occup insurance payment and ver		
		or corresponding Work Ord	ers.	
f the property has He	ousing Tax Credits and is	s in the first 15 years of comp	oliance. 8823s will	be issued
		e. Submit documents to Compli		
Owner/Representat	ive Signature	 Date		
Name (Type or Print)		Title		
For OHFA Use Or	nly	Auditor Assigned:		
Date Notification receiv	ved:	<u> </u>		
8823 Corrected Date:				
Signature of Cor	npliance Operations Mana	ger Date		

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