

LIHTCP-P
WVHDF (9-16-22)

WEST VIRGINIA HOUSING DEVELOPMENT FUND
LOW-INCOME HOUSING TAX CREDIT PROGRAM
Support Services

A separate form must be submitted for each support service provider/coordinator

Property Name: _____

Property Address: _____

Support Service Provider: _____

Provider Address: _____

Type of Entity: Non-Profit (must provide IRS determination letter)
 PHA Governmental or Quasi-Governmental Entity

Services will be Provided by above entity Coordinated by above entity

Support service #1:

Description: _____

Frequency: _____ Charge to property _____

Support service #2:

Description: _____

Frequency: _____ Charge to property _____

Support service #3, if applicable:

Description: _____

Frequency: _____ Charge to property _____

Support service #4, if applicable:

Description: _____

Frequency: _____ Charge to property _____

Signature of an Authorized Representative of the Support Service Provider/Coordinator Date

Name & Title: _____

Support services may be available on a continual basis but must be available to tenants no less frequently than monthly.