

Attachment A

CALIFORNIA TAX CREDIT ALLOCATION COMMITTEE
915 Capitol Mall, Room 485, Sacramento, CA 95814

2011 ASSET MANAGEMENT FEE ELECTION
ARRA AWARDEE

Project Name:
Project Location:

Project No:

PURPOSE OF FORM: This form is to request an election of your choice of either 1, or 2, or 3 as noted below for payment of Asset Management Fees to California Tax Credit Allocation Committee.

ONE-TIME IRREVOCABLE ASSET MANAGEMENT FEE ELECTION:

Choice #1:

- Regular Payment: I elect to remit Asset Management fee on an annual basis during the 15-year asset management monitoring term.

Choice #2:

- One-time Advanced Payment: I elect to remit a one-time advanced Asset Management fee to cover the 15-year asset management monitoring term.

Choice #3:

- Split Payment Fee: I elect to remit one-half (50%) of total Asset Management fee as an advanced payment with the remaining asset management fee due and payable in 14 equal installments annually during the 15-year asset management monitoring term.

Under penalty of perjury, I certify that the information and the statements above are true and correct.

Signature of General Partner:

Title:

Print Name:

Date Signed: