



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

[www.tdhca.state.tx.us](http://www.tdhca.state.tx.us)

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GOVERNOR

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May 31, 2017

*Writer's direct phone # 512-475-3859*  
*Email: [brant.powell@tdhca.state.tx.us](mailto:brant.powell@tdhca.state.tx.us)*

Naomi Byrne  
Post Oak East Apartments, LP  
Provo, UT  
[nbyrne@fwhs.org](mailto:nbyrne@fwhs.org)

RE: Post Oak East Apartments

CMTS ID: 4150

Dear Ms. Byrne:

The Texas Department of Housing and Community Affairs (Department) has received and reviewed the corrective action submitted in response to the physical inspection of Post Oak East Apartments (Development) conducted on January 25, 2017.

The Development has made all repairs and corrections required. Please note that although the identified deficiencies have been mitigated, only a sample of units was inspected for the purposes of the report. It is the owner's responsibility to maintain compliance property wide. The Department may select a sample of units to re-inspect in order to verify that corrective actions have been completed.

This letter addresses only deficiencies noted during the physical inspection. Other findings may have resulted from other reviews. Please contact the appropriate lead monitor for additional information concerning other reviews.

Treasury Regulation 1.42-5 and the Internal Revenue Service's *Guide for Completing Form 8823* require the Department to report all UPCS violations, whether or not corrected. Enclosed, please find copies of IRS Forms 8823 (Notice of Noncompliance) reporting the corrected noncompliance.

If you have any questions regarding the inspection or UPCS, please contact me at (512)475-3859, toll-free in Texas at (800) 643-8204, or email: [brant.powell@tdhca.state.tx.us](mailto:brant.powell@tdhca.state.tx.us).

Sincerely,

Brant Powell  
Inspection Specialist



**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443301**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

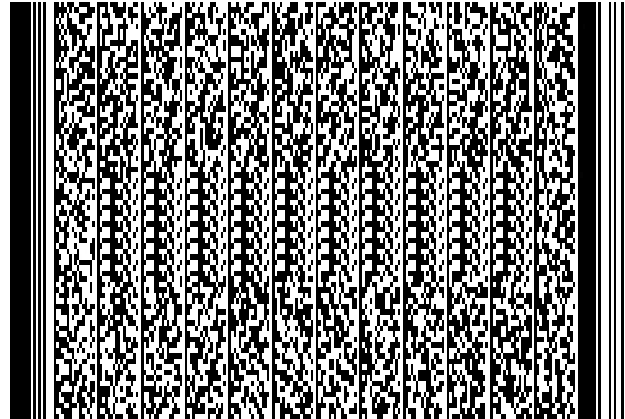
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



- 5 Total credit allocated to this BIN . . . . . ▶ \$ **57807.00**
- 6 If this building is part of a multiple building project, enter the number of buildings in the project . . . . . ▶ **1**
- 7 a Total number of residential units in this building . . . . . ▶ **22**
- b Total number of low-income units in this building . . . . . ▶ **22**
- c Total number of residential units in this building determined to have noncompliance issues . . . . . ▶ **4**
- d Total number of units reviewed by agency (see instructions) . . . . . ▶ **5**
- 8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . . **01252017**
- 9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . . **05152017**
- 10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .

- 11 Check the box(es) that apply:
- |   | Out of compliance                   | Noncompliance corrected             |
|---|-------------------------------------|-------------------------------------|
| a Household income above income limit upon initial occupancy . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b Owner failed to correctly complete or document tenant's annual income recertification . . . . .                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g Gross rent(s) exceed tax credit limits . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h Project not available to the general public (see instructions) (attach explanation). . . . .                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| j Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . . | <input type="checkbox"/>            | <input type="checkbox"/>            |
| l Low-income units occupied by nonqualified full-time students . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m Owner did not properly calculate utility allowance . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n Owner has failed to respond to agency requests for monitoring reviews . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o Low-income units used on a transient basis (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q Other noncompliance issues (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation)

b Date of disposition (MMDDYYYY)

c New Owner's Name

d New owner's taxpayer identification number

EIN  SSN

Street address

14 Name of contact person

**Stephen Jung**

City or town, state, and ZIP code

15 Telephone number of contact person

( **512** ) **475-3847** Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorizing official  
 Stephen Jung

Print name and title  
**Patricia Murphy, Chief of Compliance**  
 Date (MMDDYYYY)  
**05312017**

**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443302**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

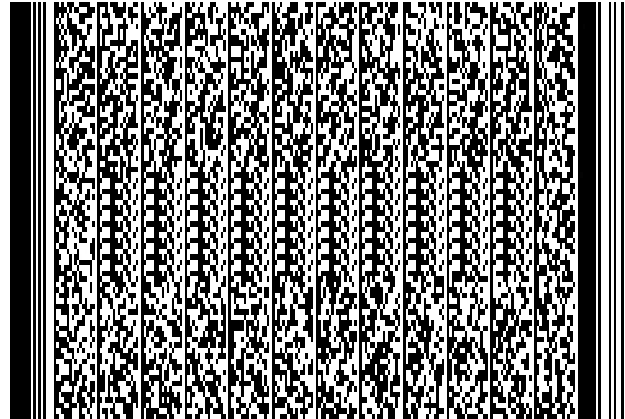
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



- 5 Total credit allocated to this BIN . . . . . ▶ \$ **57807.00**
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- 7 a Total number of residential units in this building . . . . . ▶ **22**
- b Total number of low-income units in this building . . . . . ▶ **22**
- c Total number of residential units in this building determined to have noncompliance issues . . . . . ▶ **3**
- d Total number of units reviewed by agency (see instructions) . . . . . ▶ **5**
- 8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . . **01252017**
- 9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . . **02282017**
- 10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .

- 11 Check the box(es) that apply:
- |   | Out of compliance                   | Noncompliance corrected             |
|---|-------------------------------------|-------------------------------------|
| a Household income above income limit upon initial occupancy . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b Owner failed to correctly complete or document tenant's annual income recertification . . . . .                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g Gross rent(s) exceed tax credit limits . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h Project not available to the general public (see instructions) (attach explanation). . . . .                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| j Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . . | <input type="checkbox"/>            | <input type="checkbox"/>            |
| l Low-income units occupied by nonqualified full-time students . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m Owner did not properly calculate utility allowance . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n Owner has failed to respond to agency requests for monitoring reviews . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o Low-income units used on a transient basis (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q Other noncompliance issues (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation) . . . . .

b Date of disposition (MMDDYYYY)

c New Owner's Name

d New owner's taxpayer identification number

EIN  SSN

Street address

14 Name of contact person

**Stephen Jung**

City or town, state, and ZIP code

15 Telephone number of contact person

( **512** ) **475-3847** Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ **Stephen Jung**  
Digitally signed by Stephen Jung  
 DN: cn=US, c=Stephen Jung, email=stephen.jung@dhca.state.tx.us  
 Date: 2017.05.31 07:44:46 -05'00'  
 Signature of authorizing official

▶ **Patricia Murphy, Chief of Compliance** ▶ **05312017**  
 Print name and title Date (MMDDYYYY)

**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443303**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

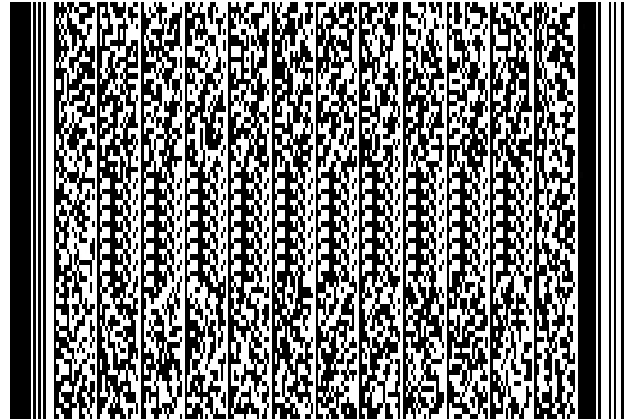
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



- 5 Total credit allocated to this BIN . . . . . ▶ \$ **58484.00**
- 6 If this building is part of a multiple building project, enter the number of buildings in the project . . . . . ▶ **1**
- 7 a Total number of residential units in this building . . . . . ▶ **22**
- b Total number of low-income units in this building . . . . . ▶ **22**
- c Total number of residential units in this building determined to have noncompliance issues . . . . . ▶ **4**
- d Total number of units reviewed by agency (see instructions) . . . . . ▶ **5**
- 8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . . **01252017**
- 9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . . **05082017**
- 10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .

- 11 Check the box(es) that apply:
- |   | Out of compliance                   | Noncompliance corrected             |
|---|-------------------------------------|-------------------------------------|
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| b Owner failed to correctly complete or document tenant's annual income recertification . . . . .                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .             | <input type="checkbox"/>            | <input type="checkbox"/>            |
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| h Project not available to the general public (see instructions) (attach explanation). . . . .                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| j Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . . | <input type="checkbox"/>            | <input type="checkbox"/>            |
| l Low-income units occupied by nonqualified full-time students . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m Owner did not properly calculate utility allowance . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n Owner has failed to respond to agency requests for monitoring reviews . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o Low-income units used on a transient basis (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q Other noncompliance issues (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation) . . . . .

b Date of disposition (MMDDYYYY)

c New Owner's Name

d New owner's taxpayer identification number

EIN  SSN

Street address

14 Name of contact person

**Stephen Jung**

City or town, state, and ZIP code

15 Telephone number of contact person

( **512** ) **475-3847** Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

**Stephen Jung**  
 Digitally signed by Stephen Jung  
 DN: cn=Stephen Jung, email=stephen.jung@tdhca.state.tx.us  
 Date: 2017.05.31 07:45:01 -05'00'  
 Signature of authorizing official

**Patricia Murphy, Chief of Compliance**  
 Print name and title  
**05312017**  
 Date (MMDDYYYY)

**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443304**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

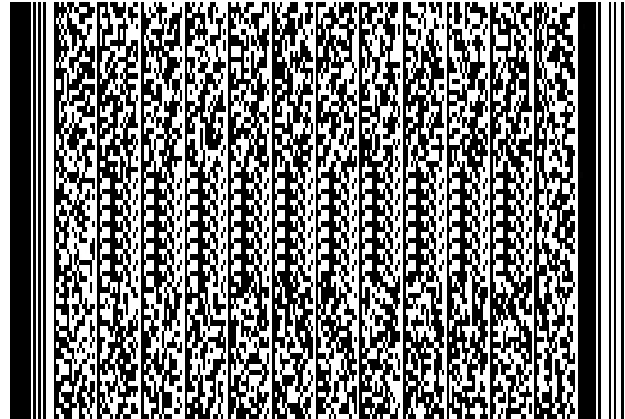
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



- 5 Total credit allocated to this BIN . . . . . **\$ 63089.00**
- 6 If this building is part of a multiple building project, enter the number of buildings in the project . . . . . **1**
- 7 a Total number of residential units in this building . . . . . **24**
- b Total number of low-income units in this building . . . . . **24**
- c Total number of residential units in this building determined to have noncompliance issues . . . . . **4**
- d Total number of units reviewed by agency (see instructions) . . . . . **5**
- 8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . . **01252017**
- 9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . . **03012017**
- 10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .

- 11 Check the box(es) that apply:
- |   | Out of compliance                   | Noncompliance corrected             |
|---|-------------------------------------|-------------------------------------|
| a Household income above income limit upon initial occupancy . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
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12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation)

b Date of disposition (MMDDYYYY)

c New Owner's Name

d New owner's taxpayer identification number

EIN  SSN

Street address

14 Name of contact person

**Stephen Jung**

City or town, state, and ZIP code

15 Telephone number of contact person

( **512** ) **475-3847** Ext.

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**Stephen Jung**  
Digitally signed by Stephen Jung  
 DN: c=US, cn=Stephen Jung, email=stephen.jung@dhca.state.tx.us  
 Date: 2017.05.31 07:45:18 -0500  
 Signature of authorizing official

**Patricia Murphy, Chief of Compliance** **05312017**  
 Print name and title Date (MMDDYYYY)

**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

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Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

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3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

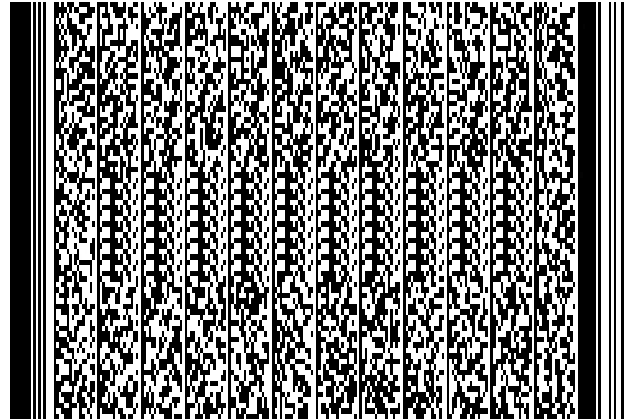
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



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| l Low-income units occupied by nonqualified full-time students . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m Owner did not properly calculate utility allowance . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n Owner has failed to respond to agency requests for monitoring reviews . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o Low-income units used on a transient basis (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q Other noncompliance issues (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation)

b Date of disposition (MMDDYYYY)

c New Owner's Name

d New owner's taxpayer identification number

EIN  SSN

Street address

14 Name of contact person

**Stephen Jung**

City or town, state, and ZIP code

15 Telephone number of contact person

**( 512 ) 475-3847** Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

Stephen Jung

Digitally signed by Stephen Jung  
 DN: cn=Stephen Jung, email=stephen.jung@dhca.state.tx.us  
 Date: 2017.05.31 07:43:34 -0500

**Patricia Murphy, Chief of Compliance**

**05312017**

Signature of authorizing official

Print name and title

Date (MMDDYYYY)

**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

**1** Building name (if any). Check if item 1 differs from Form 8609   
**Post Oak East Apartments**

Street address  
**3888 Post Oak Blvd**

City or town, state, and ZIP code  
**Eules TX 76040**

**2** Building identification number (BIN) **TX0443306**

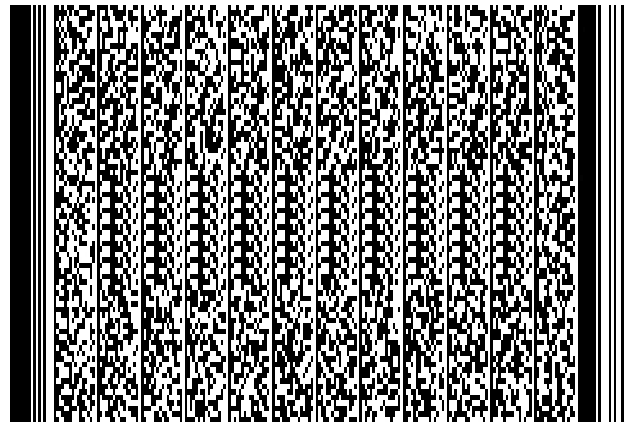
**3** Owner's name. Check if item 3 differs from Form 8609   
**Post Oak East Apartments, LP**

Street address  
**4956 N. 300 W**

City or town, state, and ZIP code  
**Provo UT 84604**

**4** Owner's taxpayer identification number  
**2 0 1 1 3 8 8 8 0**  EIN  SSN

IRS Use Only



<b>5</b> Total credit allocated to this BIN . . . . .	\$	<b>58484.00</b>
<b>6</b> If this building is part of a multiple building project, enter the number of buildings in the project . . . . .		<b>1</b>
<b>7 a</b> Total number of residential units in this building . . . . .		<b>22</b>
<b>b</b> Total number of low-income units in this building . . . . .		<b>22</b>
<b>c</b> Total number of residential units in this building determined to have noncompliance issues . . . . .		<b>3</b>
<b>d</b> Total number of units reviewed by agency (see instructions) . . . . .		<b>5</b>
<b>8</b> Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . .		<b>01252017</b>
<b>9</b> Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . .		<b>05172017</b>
<b>10</b> Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .		<input type="checkbox"/>

	Out of compliance	Noncompliance corrected
<b>11</b> Check the box(es) that apply:		
<b>a</b> Household income above income limit upon initial occupancy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Owner failed to correctly complete or document tenant's annual income recertification . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b> Gross rent(s) exceed tax credit limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b> Project not available to the general public (see instructions) (attach explanation). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>i</b> Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>j</b> Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>k</b> Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>l</b> Low-income units occupied by nonqualified full-time students . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Owner did not properly calculate utility allowance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>n</b> Owner has failed to respond to agency requests for monitoring reviews . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Low-income units used on a transient basis (attach explanation) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Other noncompliance issues (attach explanation) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**12** Additional information for any item above. Attach explanation and check box

**13 a** Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation)

<b>b</b> Date of disposition (MMDDYYYY)	<b>d</b> New owner's taxpayer identification number
<b>c</b> New Owner's Name	<input type="checkbox"/> EIN <input type="checkbox"/> SSN
Street address	<b>14</b> Name of contact person <b>Stephen Jung</b>
City or town, state, and ZIP code	<b>15</b> Telephone number of contact person <b>( 512) 475-3847</b> Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

**Stephen Jung** Digitally signed by Stephen Jung  
 DN: c=US, cn=Stephen Jung, email=stephen.jung@thca.state.tx.us  
 Date: 2017.05.31 07:45:50 -0500 **Patricia Murphy, Chief of Compliance** **05312017**  
 Signature of authorizing official Print name and title Date (MMDDYYYY)

**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443307**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

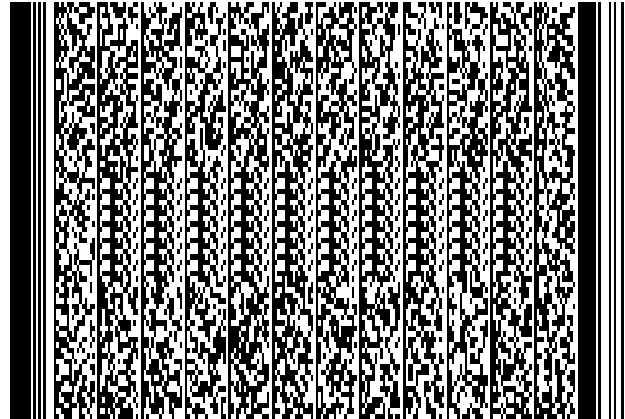
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



- 5 Total credit allocated to this BIN . . . . . ▶ \$ **58484.00**
- 6 If this building is part of a multiple building project, enter the number of buildings in the project . . . . . ▶ **1**
- 7 a Total number of residential units in this building . . . . . ▶ **22**
- b Total number of low-income units in this building . . . . . ▶ **22**
- c Total number of residential units in this building determined to have noncompliance issues . . . . . ▶ **3**
- d Total number of units reviewed by agency (see instructions) . . . . . ▶ **5**
- 8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . . **01252017**
- 9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . . **03062017**
- 10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .

- 11 Check the box(es) that apply:
- |   | Out of compliance                   | Noncompliance corrected             |
|---|-------------------------------------|-------------------------------------|
| a Household income above income limit upon initial occupancy . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b Owner failed to correctly complete or document tenant's annual income recertification . . . . .                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g Gross rent(s) exceed tax credit limits . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h Project not available to the general public (see instructions) (attach explanation). . . . .                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| j Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . . | <input type="checkbox"/>            | <input type="checkbox"/>            |
| l Low-income units occupied by nonqualified full-time students . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m Owner did not properly calculate utility allowance . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n Owner has failed to respond to agency requests for monitoring reviews . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o Low-income units used on a transient basis (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q Other noncompliance issues (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation) ▶

b Date of disposition (MMDDYYYY)

c New Owner's Name

d New owner's taxpayer identification number

EIN  SSN

Street address

14 Name of contact person

**Stephen Jung**

City or town, state, and ZIP code

15 Telephone number of contact person

( **512** ) **475-3847** Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ **Stephen Jung**  
Digitally signed by Stephen Jung  
 DN: c=US, cn=Stephen Jung, email=stephen.jung@tdhca.state.tx.us  
 Date: 2017.05.31 07:46:07 -05'00'  
 Signature of authorizing official

▶ **Patricia Murphy, Chief of Compliance** ▶ **05312017**  
 Print name and title Date (MMDDYYYY)



**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443308**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

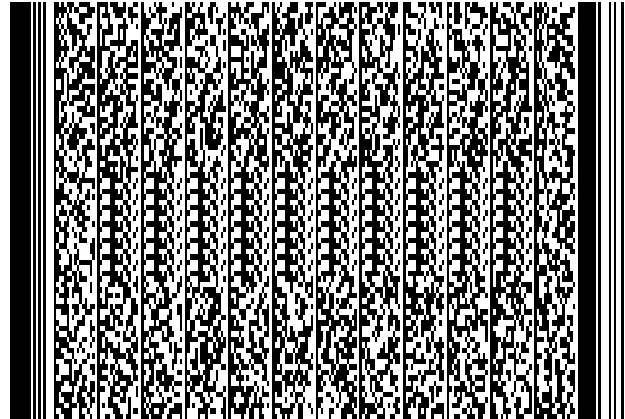
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



- 5 Total credit allocated to this BIN . . . . . ▶ \$ **58484.00**
- 6 If this building is part of a multiple building project, enter the number of buildings in the project . . . . . ▶ **1**
- 7 a Total number of residential units in this building . . . . . ▶ **22**
- b Total number of low-income units in this building . . . . . ▶ **22**
- c Total number of residential units in this building determined to have noncompliance issues . . . . . ▶ **5**
- d Total number of units reviewed by agency (see instructions) . . . . . ▶ **5**
- 8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . . **01252017**
- 9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . . **04032017**
- 10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .

- 11 Check the box(es) that apply:
- |   | Out of compliance                   | Noncompliance corrected             |
|---|-------------------------------------|-------------------------------------|
| a Household income above income limit upon initial occupancy . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b Owner failed to correctly complete or document tenant's annual income recertification . . . . .                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g Gross rent(s) exceed tax credit limits . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h Project not available to the general public (see instructions) (attach explanation). . . . .                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| j Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . . | <input type="checkbox"/>            | <input type="checkbox"/>            |
| l Low-income units occupied by nonqualified full-time students . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m Owner did not properly calculate utility allowance . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n Owner has failed to respond to agency requests for monitoring reviews . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o Low-income units used on a transient basis (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q Other noncompliance issues (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation) . . . . .

b Date of disposition (MMDDYYYY)

c New Owner's Name

d New owner's taxpayer identification number  EIN  SSN

Street address

14 Name of contact person  
**Stephen Jung**

City or town, state, and ZIP code

15 Telephone number of contact person  
( **512** ) **475-3847** Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorizing official  
 Stephen Jung  
Digitally signed by Stephen Jung  
 DN: c=US, cn=Stephen Jung, email=stephen.jung@dhcca.state.tx.us  
 Date: 2017.05.31 07:46:25 -0500

Print name and title  
**Patricia Murphy, Chief of Compliance**  
 Date (MMDDYYYY)  
**05312017**

**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443309**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

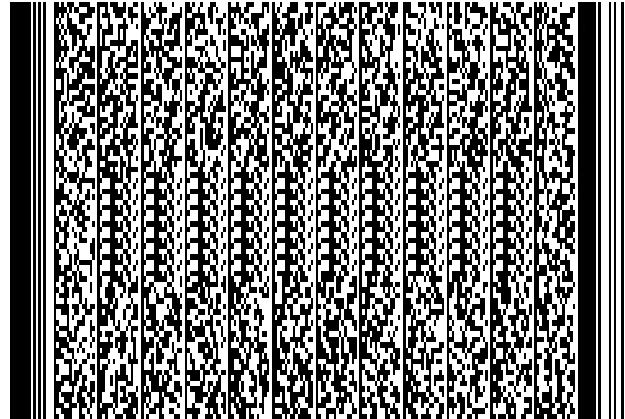
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



- 5 Total credit allocated to this BIN . . . . . **\$ 58314.00**
- 6 If this building is part of a multiple building project, enter the number of buildings in the project . . . . . **1**
- 7 a Total number of residential units in this building . . . . . **22**
- b Total number of low-income units in this building . . . . . **22**
- c Total number of residential units in this building determined to have noncompliance issues . . . . . **3**
- d Total number of units reviewed by agency (see instructions) . . . . . **5**
- 8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . . **01252017**
- 9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . . **03082017**
- 10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .

- 11 Check the box(es) that apply:
- |   | Out of compliance                   | Noncompliance corrected             |
|---|-------------------------------------|-------------------------------------|
| a Household income above income limit upon initial occupancy . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b Owner failed to correctly complete or document tenant's annual income recertification . . . . .                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g Gross rent(s) exceed tax credit limits . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h Project not available to the general public (see instructions) (attach explanation). . . . .                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| j Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . . | <input type="checkbox"/>            | <input type="checkbox"/>            |
| l Low-income units occupied by nonqualified full-time students . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m Owner did not properly calculate utility allowance . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n Owner has failed to respond to agency requests for monitoring reviews . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o Low-income units used on a transient basis (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q Other noncompliance issues (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation)

b Date of disposition (MMDDYYYY)	c New Owner's Name	d New owner's taxpayer identification number
		<input type="checkbox"/> EIN <input type="checkbox"/> SSN
Street address		14 Name of contact person
		<b>Stephen Jung</b>
City or town, state, and ZIP code		15 Telephone number of contact person
		<b>( 512 ) 475-3847</b> Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

**Stephen Jung** Digitally signed by Stephen Jung  
 Signature of authorizing official

**Patricia Murphy, Chief of Compliance**  
 Print name and title

**05312017**  
 Date (MMDDYYYY)

**Low-Income Housing Credit Agencies  
 Report of Noncompliance or Building Disposition**

**Note:** File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443310**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

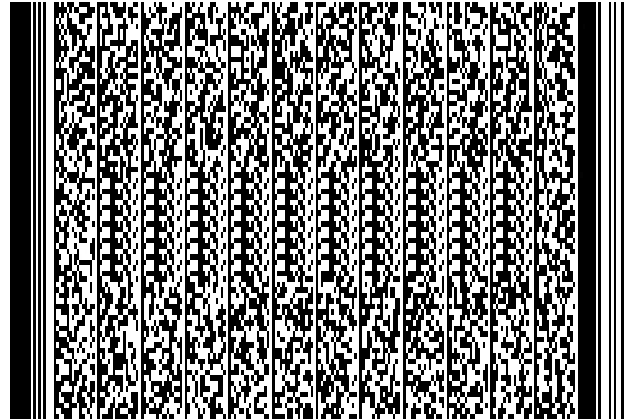
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



- 5 Total credit allocated to this BIN . . . . . ▶ \$ **58314.00**
- 6 If this building is part of a multiple building project, enter the number of buildings in the project . . . . . ▶ **1**
- 7 a Total number of residential units in this building . . . . . ▶ **22**
- b Total number of low-income units in this building . . . . . ▶ **22**
- c Total number of residential units in this building determined to have noncompliance issues . . . . . ▶ **3**
- d Total number of units reviewed by agency (see instructions) . . . . . ▶ **5**
- 8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . . **01252017**
- 9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . . **04142017**
- 10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .

- 11 Check the box(es) that apply:
- |   | Out of compliance                   | Noncompliance corrected             |
|---|-------------------------------------|-------------------------------------|
| a Household income above income limit upon initial occupancy . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b Owner failed to correctly complete or document tenant's annual income recertification . . . . .                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g Gross rent(s) exceed tax credit limits . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h Project not available to the general public (see instructions) (attach explanation). . . . .                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| j Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . . | <input type="checkbox"/>            | <input type="checkbox"/>            |
| l Low-income units occupied by nonqualified full-time students . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m Owner did not properly calculate utility allowance . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n Owner has failed to respond to agency requests for monitoring reviews . . . . .                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o Low-income units used on a transient basis (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q Other noncompliance issues (attach explanation) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12 Additional information for any item above. Attach explanation and check box . . . . .

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation) . . . . .

b Date of disposition (MMDDYYYY)

c New Owner's Name

d New owner's taxpayer identification number  EIN  SSN

Street address

14 Name of contact person  
**Stephen Jung**

City or town, state, and ZIP code

15 Telephone number of contact person  
( **512** ) **475-3847** Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

**Stephen Jung** Digitally signed by Stephen Jung  
 Signature of authorizing official

**Patricia Murphy, Chief of Compliance**  
 Print name and title

**05312017**  
 Date (MMDDYYYY)

**Low-Income Housing Credit Agencies**  
**Report of Noncompliance or Building Disposition**

Note: File a separate Form 8823 for each building that is disposed of or goes out of compliance.

OMB No. 1545-1204

Check here if this is an amended return

1 Building name (if any). Check if item 1 differs from Form 8609

**Post Oak East Apartments**

Street address

**3888 Post Oak Blvd**

City or town, state, and ZIP code

**Eules TX 76040**

2 Building identification number (BIN) **TX0443311**

3 Owner's name. Check if item 3 differs from Form 8609

**Post Oak East Apartments, LP**

Street address

**4956 N. 300 W**

City or town, state, and ZIP code

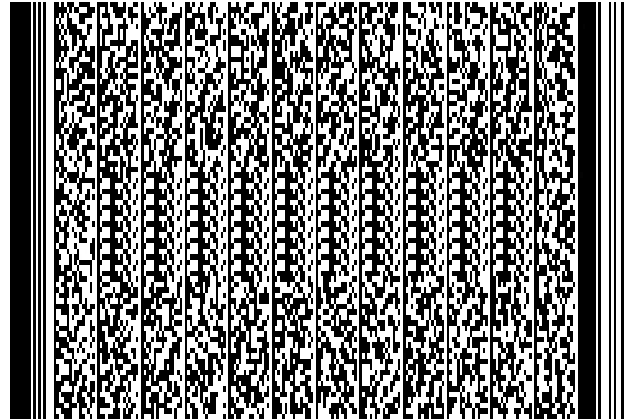
**Provo UT 84604**

4 Owner's taxpayer identification number

**201138880**

EIN  SSN

IRS Use Only



5 Total credit allocated to this BIN . . . . .	\$	<b>58991.00</b>
6 If this building is part of a multiple building project, enter the number of buildings in the project . . . . .		<b>1</b>
7 a Total number of residential units in this building . . . . .		<b>22</b>
b Total number of low-income units in this building . . . . .		<b>22</b>
c Total number of residential units in this building determined to have noncompliance issues . . . . .		<b>1</b>
d Total number of units reviewed by agency (see instructions) . . . . .		<b>5</b>
8 Date building ceased to comply with the low-income housing credit provisions (see instructions) (MMDDYYYY) . . . . .		<b>01252017</b>
9 Date noncompliance corrected (if applicable) (see instructions) (MMDDYYYY) . . . . .		<b>02282017</b>
10 Check this box if you are filing only to show correction of a previously reported noncompliance problem . . . . .		<input type="checkbox"/>

11 Check the box(es) that apply:	Out of compliance	Noncompliance corrected
a Household income above income limit upon initial occupancy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b Owner failed to correctly complete or document tenant's annual income recertification . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
c Violation(s) of the UPCS or local inspection standards (see instructions) (attach explanation) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d Owner failed to provide annual certifications or provided incomplete or inaccurate certifications . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
e Changes in Eligible Basis or the Applicable Percentage (see instructions) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
f Project failed to meet minimum set-aside requirement (20/50, 40/60 test) (see instructions) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
g Gross rent(s) exceed tax credit limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
h Project not available to the general public (see instructions) (attach explanation). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
i Violation(s) of the Available Unit Rule under section 42(g)(2)(D)(ii) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
j Violation(s) of the Vacant Unit Rule under Reg. 1.42-5(c)(1)(ix) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
k Owner failed to execute and record extended-use agreement within time prescribed by section 42(h)(6)(J) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
l Low-income units occupied by nonqualified full-time students . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
m Owner did not properly calculate utility allowance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
n Owner has failed to respond to agency requests for monitoring reviews . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
o Low-income units used on a transient basis (attach explanation) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
p Project is no longer in compliance nor participating in the section 42 program (attach explanation) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
q Other noncompliance issues (attach explanation) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

12 Additional information for any item above. Attach explanation and check box

13 a Building disposition by  Sale  Foreclosure  Destruction  Other (attach explanation)

b Date of disposition (MMDDYYYY)  
 c New Owner's Name  
 d New owner's taxpayer identification number  EIN  SSN

Street address  
 14 Name of contact person  
**Stephen Jung**

City or town, state, and ZIP code  
 15 Telephone number of contact person  
 ( **512** ) **475-3847** Ext.

Under penalties of perjury, I declare that I have examined this report, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorizing official: **Stephen Jung** (Digitally signed by Stephen Jung, DN: cn=Stephen Jung, email=stephen.jung@hca.state.tx.us, Date: 2017.05.11 07:42:21 -0500)  
 Print name and title: **Patricia Murphy, Chief of Compliance**  
 Date (MMDDYYYY): **05312017**

**Texas Department of Housing And Community Affairs  
List of Deficiencies Found**

Printed On: January 31, 2017

Inspectable Area Inspectable Item	Deficiency	1	2	3	5/17/2017 Comments
Post Oak East Apartments 3899 Post Oak Blvd Euless, TX 76040					
Building:					
Unit:					
Grounds	Erosion/Rutting Areas 5/16/2017			L2	Bldg 9
Retaining Walls	Damaged/Falling/Leaning 5/17/2017			L1	By bldg 6 5/15/2017
Building: Bldg 1 TX0443301					
Unit: 111					
Doors	Damaged Surface (Holes/Paint/Rusting)			L1	Bdr 2 door
Kitchen	Refrigerator-Missing/Damaged/Inoperable 3/1/2017			L1	Gasket
Unit: 121					
Doors	Damaged Hardware/Locks 1/25/2017			L1	Laundry doors (RDI)
Health & Safety	Hazards-Tripping 5/15/2017			L3	Cable cord
Health & Safety	Emergency Fire Exits-Emergency/Fire Exits Blocked/Unusable 1/25/2017			L3	Egress bdr 1 (RDI)
Walls	Damaged 3/7/2017			L1	Bdr 2
Unit: 126					
Bathroom	Plumbing-Clogged Drains 1/25/2017			L1	Slow drain (RDI)
Doors	Damaged Surface (Holes/Paint/Rusting)			L3	Bdr 3 door
Kitchen	Plumbing-Leaking Faucet/Pipes 2/28/2017			L1	Leak base of sink
Unit: 136					
Doors	Damaged Hardware/Locks 4/14/2017			L1	Laundry door
Kitchen	Refrigerator-Missing/Damaged/Inoperable			L1	Gasket
Smoke Detector	Missing/Inoperable 1/25/2017			L3	Bdr 1 (RDI) 4/14/2017
Building: Bldg 10 TX0443310					
Unit: 1031					
Health & Safety	Emergency Fire Exits-Emergency/Fire Exits Blocked/Unusable 1/25/2017			L3	Bdr 2
Kitchen	Range/Stove-Missing/Damaged/Inoperable 1/25/2017			L2	Small burner (RDI)
Walls	Mold/Mildew/Water Stains/Water Damage 2/28/2017			L3	Bath 1
Unit: 1032 sub tenant refused slammed door 1036					
Bathroom	Plumbing-Clogged Drains 2/28/2017			L3	Clogged toilet bath 2
Electrical	GFI Inoperable			L3	Bath 1
Unit: 1035 sub vacant 1034					
Kitchen	Refrigerator-Missing/Damaged/Inoperable 4/14/2017			L1	Gasket 2/28/2017
Building: Bldg 11 TX0443311					
Unit: 1112					
Ceiling	Peeling/Needs Paint 2/28/2017			L1	Bath 1
Doors	Damaged Surface (Holes/Paint/Rusting)			L3	Bdr 2 2/28/2017
Building: Bldg 2 TX0443302					
Unit: 216					
Bathroom	Plumbing-Leaking Faucet/Pipes 2/28/2017			L3	Bath 2 toilet
Bathroom	Plumbing-Clogged Drains 1/25/2017			L1	Slow drain bath 2 (RDI)
Doors	Damaged Surface (Holes/Paint/Rusting) 2/28/2017			L3	Bdr 2 and 3
Health & Safety	Hazards-Tripping			L3	Tripping carpet bath 2 abd bdr 1
Unit: 227					
Health & Safety	Emergency Fire Exits-Emergency/Fire Exits Blocked/Unusable 1/25/2017			L3	Bdr 2 (RDI)
Kitchen	Countertops-Missing/Damaged 2/28/2017			L2	Kitchen behind sink
Smoke Detector	Missing/Inoperable 1/25/2017			L3	Hall (RDI)
Unit: 233					
Ceiling	Mold/Mildew/Water Stains/Water Damage 2/28/2017			L1	Stain 5/8/2017
Building: Bldg 3 TX0443303					
Unit: 313					
Smoke Detector	Missing/Inoperable 1/25/2017			L3	Hall (RDI)
Unit: 316					
Health & Safety	Emergency Fire Exits-Emergency/Fire Exits Blocked/Unusable 1/25/2017			L3	Egress bdr 1
Unit: 321					
Doors	Damaged Hardware/Locks 1/25/2017			L3	Bdr 1 (RDI)

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Inspectable Area Inspectable Item	Deficiency	1	2	3	Comments
Unit: 332	Health & Safety Infestation—Insects 5/8/2017			L3	Roaches kitchen
Building: Bldg 4 TX0443304	Smoke Detector Missing/Inoperable 1/25/2017			L3	Hall (RDI)
Unit: 414	4 of 5 3/1/2017				
Unit: 425	Kitchen Range/Stove—Missing/Damaged/Inoperable 1/25/2017		L2		Large burner (RDII)
Unit: 430	Kitchen Dishwasher/Garbage Disposal—Inoperable		L2		Disposal
Unit: 433	Kitchen Refrigerator—Missing/Damaged/Inoperable 3/1/2017	L1			Gasket
Building: Bldg 5 TX0443305	Health & Safety Emergency Fire Exits—Emergency/Fire Exits Blocked/Unusable 1/25/2017			L3	Egress bdr (RDI)
Unit:	3 of 5 5/15/2017				
Unit: 517	Health & Safety Hazards—Tripping 5/15/2017			L3	Stairwell
Unit: 527	Doors Damaged Hardware/Locks 1/25/2017		L2		Bdr2 (RDI)
Unit: 535	Electrical GFI Inoperable			L3	Kitchen
Unit: 616	Kitchen Range/Stove—Missing/Damaged/Inoperable 3/2/2017		L2		Small burner
Unit: 624	Doors Damaged Hardware/Locks		L2		Bdr 3
Unit: 635	Floors Hard Floor Covering Missing/Damaged 3/7/2017		L2		Bath 2
Unit: 637	Smoke Detector Missing/Inoperable 1/25/2017			L3	Bdr 1 (RDI)
Unit: 637	Walls Damaged 3/7/2017			L3	Bdr 3
Building: Bldg 6 TX0443306	Doors Missing Door 1/25/2017		L1		Laundry (RDI)
Unit: 616	Kitchen Countertops—Missing/Damaged 3/6/2017		L2		Kitchen
Unit: 624	3 of 5 5/17/2017				
Unit: 635	Ceiling Mold/Mildew/Water Stains/Water Damage 5/17/2017			L3	Bath 2. evident of a leak
Unit: 637	Smoke Detector Missing/Inoperable 1/25/2017			L3	Bdr 2 (RDI)
Unit: 711	Health & Safety Electrical Hazards—Exposed Wires/Open Panels 1/25/2017			L3	Gap in electrical panel (RDI)
Unit: 715	Health & Safety Hazards—Tripping 3/6/2017			L3	Cord bedroom threshold
Unit: 730	3 of 5 3/6/2017				
Unit: 730	Bathroom Plumbing—Clogged Drains 3/6/2017		L1		Slow drain tub 2
Unit: 730	Kitchen Range/Stove—Missing/Damaged/Inoperable			L3	Front left and right rear
Unit: 730	Kitchen Refrigerator—Missing/Damaged/Inoperable 3/6/2017	L1			Gasket
Unit: 812	Kitchen Refrigerator—Missing/Damaged/Inoperable 3/6/2017	L1			Gasket
Unit: 812	Smoke Detector Missing/Inoperable 1/25/2017			L3	Hall (RDI)
Unit: 820	5 of 5 4/3/2017				
Unit: 820	Doors Damaged Surface (Holes/Paint/Rusting) 3/6/2017			L3	Bdr 1
Unit: 821	Health & Safety Emergency Fire Exits—Emergency/Fire Exits Blocked/Unusable 1/25/2017			L3	Egress bdr 1 and 2
Unit: 826	Bathroom Plumbing—Clogged Drains 3/7/2017		L1		Slow drain bath 1
Unit: 826	Doors Damaged Surface (Holes/Paint/Rusting)			L3	Bdr 1
Unit: 826	Health & Safety Infestation—Insects 4/3/2017			L3	Roaches kitchen
Unit: 826	Doors Damaged Surface (Holes/Paint/Rusting) 3/7/2017			L3	Bdr 2
Unit: 826	Outlets/Switches Missing/Broken Cover Plates 1/25/2017		L1		Kitchen (RDI)

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Printed On: January 31, 2017

Inspectable Area Inspectable Item	Deficiency	1	2	3	Comments
Smoke Detector	Missing/Inoperable 1/25/2017			L3	LR (RDI)
Walls	Damaged 3/7/2017	L1			Bdr 3
Unit: 831					
Health & Safety	Hazards—Tripping 3/7/2017			L3	Cable cord
Building: Bldg 9 TX0443309	3 of 5				3/8/2017
Unit: 923					
Kitchen	Plumbing—Leaking Faucet/Pipes 3/6/2017	L1			Base of faucet kitchen
Unit: 925					
Health & Safety	Emergency Fire Exits—Emergency/Fire Exits Blocked/Unusable 1/25/2017			L3	Egress bdr 2
Health & Safety	Hazards—Other 3/8/2017			L3	Foil on stove
Unit: 932					
Doors	Damaged Hardware/Locks 1/25/2017		L2		Bdr 2 (RDI)