



**The**  
**ABCs**  
**of**  
**Tax Credit**  
**Management**

**A primer for**  
**site staff**

**Tuesday, June 24**  
**Rollins**  
**Congressional**  
**1621 Martha Terrace**  
**Rockville, MD**  
**8:30am-4:00pm**

**Presented**  
**by**  
**A.J. Johnson**



## ABOUT THE JUNE 24 SEMINAR

A.J. Johnson is a foremost authority on tax credit property compliance. This program was designed with the site staff in mind. The Seminar focuses on tax credit processes that must be addressed at the site level. Attendees will leave this program walking away with the knowledge and confidence to turn low-income housing tax credit prospects into qualified residents. The Seminar will cover the following topics:

- Minimum set asides
- Maximum rents and how the U/A needs to be deducted
- Examples of factors that must be included in deductions
- Income eligibility and its relations to minimum set asides
- How to determine who are household members and who can be excluded
- Student rules -- who is exempt, who do you count and how do you verify
- What is income, how do you verify it and how do you calculate it
- Assets -- what are assets, how do you verify them and how do you calculate them
- Tying re-certifications, leases and renewal dates altogether
- Managing unit transfers -- when and where they are permitted

### Fees

PMA Members and Guests\*: \$175 Nonmembers: \$325

Cancellations must be made in writing by June 20 to obtain a refund. No shows are liable for attendance fees.

### To Reserve

Use the form below or call PMA at 301-657-9200; FAX: 301-907-9326; online: [www-pma-dc.org](http://www-pma-dc.org).

Payment is required in advance or at the door. Fees include a day of training, continental breakfast and lunch.

\* The guest fee applies to those who are not eligible for PMA membership.

### The ABCs of Tax Credit Management: A Primer for Site Staff

Tuesday, June 24, 2008

1621 Martha Terrace, Rockville, MD 20852

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Attendees \_\_\_\_\_

\_\_\_\_\_

Credit Card: Visa, MC, AM Ex number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Complete and return with payment in full to: PMA, 7900 Wisconsin Avenue, Suite 305, Bethesda, MD 20814. Fax: 301-907-9326. Online: [www-pma-dc.org](http://www-pma-dc.org). Reserve or join with a credit card: 301-657-9200.

\_\_\_\_ I want to join PMA. Enclosed is my check for \$175. \_\_\_\_ Please send membership information.

Cancellations must be made in writing by June 20 to obtain a refund. No shows will be billed.