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| **DSHA LIHTC QAP Public Comment Form**  ***Please submit one (1) Comment Form for each Comment, via email, to*** [***Tara@destatehousing.com***](mailto:Tara@destatehousing.com)  ***\*Please submit this document in Word format. Do not exceed this one page.*** | | | |
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| |  | | --- | | **Comment Information (Required)** | | | | |
| **Application/Development Name:** | | |  |
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| |  | | --- | | **Commenter Information (Required)** | | | | |
| Entity:  Name: |  | | |
| Email: |  | | |
| Date: |  | | |
|  | | | |
| |  |  | | --- | --- | | |  | | --- | | **Comment Information (Required)** | |   **Define Comment** *\*Please define the comment*   |  | | --- | | Threshold Item: | | Points Item: | | Other: | | | | |
|  | |  | |
| **Comment Explanation**  *Do not exceed the space below:* | |  | |
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