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**Annual Certification of a  
 Residential Rental Project**  
 (Complete a separate Form 8703 for each project.)  
 For calendar year .....

OMB No. 1545-1038

**Part I General Information**

Amended Form

Address of building/project (Do not use P.O. box)

21618 Satcoy Street, Canoga Park, CA 91304

Name and address of owner of project

Decro-Epsilon 5753-G E. Santa Ana Canyon Rd. #574, Anaheim Hills, CA 92807

Name and address of operator of project

CARING Housing Ministries 2320 S. Fremont Avenue, Alhambra, CA 91803

Taxpayer identification number of owner of project

33-0520450

Taxpayer identification number of operator of project

95-4540601

1 Check the box for the test elected for the project:

- a  20-50 test                      b  40-60 test                      c  25-60 test (NYC only)

2 Date (month / day / year) the qualified project period began . . . . . ▶ 02 / 01 / 1995

3a Was a low-income housing credit allocation issued by a housing credit agency for this project? . . . ▶  Yes ▶  No

b If "Yes," enter the building identification number (BIN) assigned to the building by the housing credit agency (see instructions) . . . . . ▶

**Part II Annual Determinations**

|   |  |    |       |
|---|--|----|-------|
| 4 | Total number of residential rental units in project . . . . .  | 4  | 18    |
| 5 | Number of units actually occupied by individuals whose income does not exceed the applicable income limit (see instructions) . . . . .   | 5  | 14    |
| 6 | Number of units occupied by continuing residents whose income is treated as not exceeding the applicable income limit (see instructions) . . . . .   | 6  | 4     |
| 7 | Total number of low-income units in project (add lines 5 and 6) . . . . .  | 7  | 18    |
| 8 | Divide line 7 by line 4 and enter the percentage (If the line 8 percentage is less than the percentage for the test elected in Part I, item 1 (i.e., 20%, 40%, or 25%), see instructions.) . . . . . | 8  | 4.5 % |
| 9 | Deep-rent skewed project election (see instructions):  |    |       |
| a | Number of 40%-and-under low-income units . . . . .   | 9a | 4     |
| b | Divide line 9a by line 7 and enter the percentage . . . . .  | 9b | 2.3 % |

**Part III Certification**

Under penalties of perjury, I certify that the above project (check one) continues to meet  does not meet  the requirements of subsection 142(d) of the Internal Revenue Code and that I have examined this form, and to the best of my knowledge and belief, the information is true, correct, and complete.

Soraya S. Diaz  
 Signature of project operator

1/13/2010  
 Date

Soraya S. Diaz, Director of Operations  
 Type or print name and title