

*Financing Certification*

**Financing Certification**

**A. Source of Funds**

List Total Source of Funds (including grants but excluding construction loans to be paid by permanent sources of funds) for the Project as of the Project's Placed in Service Date.

	<u>Name of Lender or Source of Funds</u>	<u>Amount of Funds</u>	<u>Annual Debt Service Cost</u>	<u>Interest Rate of Loan</u>	<u>Amortization Period</u>
1.					
2.					
3.					
4.					
5.	Proceeds from Low-Income Tax Credits				
6.	Proceeds from Historic Tax Credits				
Total Source of Funds:					
Total Annual Debt Service Cost					
Placed in Service Date					

Specify items which vary from terms contained in the later of the certifications in the Taxpayer's Application or in the certifications as of the Allocation/Reservation of tax credits:

	<u>Application/Reservation Date</u>	<u>Placed-in-Service Date</u>
Land Costs		
TDC		
TDC/Unit		
Soft Costs/Unit		
1st Mortgage Principal		
Interest		
Term		
2nd Mortgage Principal		
Interest		
Term		
Deferred Developer Fee		
Developer Fee Paid		
Gross Equity		
Net Equity		

**B. Syndication Information**

Provide the following information concerning syndication from sale of tax credits:

I. Syndication Proceeds to be Received During Credit Period:

1: <input style="width: 100%;" type="text"/>	6: <input style="width: 100%;" type="text"/>
2: <input style="width: 100%;" type="text"/>	7: <input style="width: 100%;" type="text"/>
3: <input style="width: 100%;" type="text"/>	8: <input style="width: 100%;" type="text"/>
4: <input style="width: 100%;" type="text"/>	9: <input style="width: 100%;" type="text"/>
5: <input style="width: 100%;" type="text"/>	10: <input style="width: 100%;" type="text"/>

II. Historic Rehabilitation Credits:

Syndication Proceeds to be Received During Credit Period:

Year 1:   
 Year 2:   
 Year 3:

III. Information Concerning Syndicator

Name:

Address:

Telephone:

IV. Specify all operating and/or credit guarantees required by Syndicator:


V. Attach evidence of syndication from Syndicator.

### C. Subsidies

The following constitutes the full extent of all Federal, State and local subsidies which apply (or which the Taxpayer expects to apply) with respect to the Project as of the date the reservation/allocation of tax credits were made and as of the Project's Placed in Service Date.

	<u>Reservation Date</u>	<u>Allocation Date</u>	<u>Placed In Service Date</u>
<b>I. <u>Non Repayable Grants</u></b>			
(a) CDBG (State)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) CDBG (Local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) HOME	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Rental Rehab	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) State	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Local	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>II. <u>Secondary Financing</u></b>			
(a) CDBG (State)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) CDBG (Local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) HOME	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) HOPE VI	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) State	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Local	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
(l) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

**III. Value Other Subsidies**

(a)	Tax Abatement			
(b)	Historic Rehab Credit			
(c)	Land Donation			
(d)	Other			
	TOTAL			

**IV. Credit Enhancements**

(a)	FHA Section #			
(b)	Private Mortgage Insurance			
(c)	Letters of Credit			
(d)	Other			

**V. Rental Assistance Anticipated**

(a)	Tenant Based			
	(i) Section 8			
	(ii) Other			
	(iii) Other			
(b)	Project Based			
	(i) Section 8			
	(ii) RD/RA			
	(iii) State PBA			
	(iv) Other			

**D. Uses**

	\$ Amount
Rehabilitation Hard Costs	
Construction Hard Costs	
Total Soft Costs	
Acquisition Costs:	
Land Only	
Buildings Only	
Other (please describe)	
Other Fund Uses NOT in Basis	
Demolition	
Other (please describe)	
<b>Total Development Costs</b>	
Temporary Contract Loan Pay off	
Initial Operating Reserve	
Initial Deposit to Replacement Reserve	
<b>Total Use of Funds</b>	

**E. Funds Available for Cash Requirements**

15.	Sources of Cash:			
	(a) Syndication Proceeds			
	(b) Owner Contribution			
	(c) Other			
	Subtotal			
16.	Source of Fees and Grants:			
	Home Funds			
	Other			
	Other			
	Subtotal			
17.	TOTAL CASH, FEES & GRANTS			

The undersigned hereby certifies under penalty of perjury that the information contained in this Financing Certification is true and correct as of \_\_\_\_\_, \_\_\_\_\_.

WITNESS this signature on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_

Title: \_\_\_\_\_

WITNESSES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
NOTARY