

FINANCING CERTIFICATION

A. SOURCE OF FUNDS

List Total Source of Funds (including grants) for the Project as of the Project's Placed in Service Date.¹

NAME OF LENDER OR SOURCE OF FUNDS	AMOUNT OF FUNDS	ANNUAL DEBT SERVICE COST	INTEREST RATE OF LOAN	AMORTIZATION PERIOD	TERM OF LOAN
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:

¹ Do not include any construction financing unless such construction loan will remain in place and also serve as permanent financing.

B. SYNDICATION INFORMATION

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

I. Syndication Proceeds to be Received During Credit Period:

Year 1: _____	Year 6: _____
Year 2: _____	Year 7: _____
Year 3: _____	Year 8: _____
Year 4: _____	Year 9: _____
Year 5: _____	Year 10: _____

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.

I. <u>NON REPAYABLE GRANTS</u>	RESERVATION DATE	ALLOCATION DATE	PLACED IN SERVICE DATE
(a) CDBG	_____	_____	_____
(b) UDAG	_____	_____	_____
(c) HOPE VI	_____	_____	_____
(d) Rental Rehab	_____	_____	_____
(e) State	_____	_____	_____
(f) Local	_____	_____	_____
(g) Other	_____	_____	_____
TOTAL	_____	_____	_____
II. <u>SECONDARY FINANCING</u>			
(a) CDBG	_____	_____	_____
(b) UDAG	_____	_____	_____
(c) HOPE VI	_____	_____	_____
(d) Rental Rehab	_____	_____	_____
(e) State	_____	_____	_____
(f) Local	_____	_____	_____
(g) Conventional	_____	_____	_____
(h) RD 515	_____	_____	_____
(i) Other	_____	_____	_____
TOTAL	_____	_____	_____
III. <u>VALUE OTHER SUBSIDIES</u>			
(a) Tax Abatement	_____	_____	_____
(b) Historic Rehab Credit	_____	_____	_____
(c) Land Donation	_____	_____	_____
(d) Other	_____	_____	_____
TOTAL	_____	_____	_____
IV. <u>CREDIT ENHANCEMENTS</u>			
(a) FHA Section #	_____	_____	_____
(b) Private Mortgage Insurance	_____	_____	_____
(c) Letters of Credit	_____	_____	_____
(d) Other	_____	_____	_____

V. RENTAL ASSISTANCE ANTICIPATED

	<u>RESERVATION DATE</u>	<u>ALLOCATION DATE</u>	<u>PLACED IN SERVICE DATE</u>
(a) Tenant Based			
(i) Sec. 8 Certificates	_____	_____	_____
(ii) Housing Vouchers	_____	_____	_____
(iii) Other	_____	_____	_____
(b) Project Based			
(i) Mod Rehab	_____	_____	_____
(ii) Other HUD	_____	_____	_____
(iii) RD	_____	_____	_____
(iv) HOPE VI	_____	_____	_____
(v) Other	_____	_____	_____

D. SETTLEMENT REQUIREMENTS

	<u>AS CERTIFIED IN APPLICATION</u>	<u>CERTIFIED AS OF RESERVATION/ ALLOCATION DATE</u>	<u>CERTIFIED AS OF PLACED IN SERVICE DATE</u>
1. Development Costs	\$ _____	\$ _____	\$ _____
(a) Total Land Improvement	\$ _____	\$ _____	\$ _____
(b) Structures	\$ _____	\$ _____	\$ _____
(c) General Requirements	\$ _____	\$ _____	\$ _____
(d) SUBTOTAL (a+b+c)	\$ _____	\$ _____	\$ _____
(e) Builder's General Overhead	\$ _____	\$ _____	\$ _____
(f) Builder's Profit	\$ _____	\$ _____	\$ _____
(g) Bond Premium	\$ _____	\$ _____	\$ _____
(h) Other Fees	\$ _____	\$ _____	\$ _____
(i) Architect's Fee - Design	\$ _____	\$ _____	\$ _____
Architect's Fee - Supervisory	\$ _____	\$ _____	\$ _____
(j) SUBTOTAL (d+e+f+g+h+i)	\$ _____	\$ _____	\$ _____
(k) Construction Contingency	\$ _____	\$ _____	\$ _____
(l) Total Charges and Financing	\$ _____	\$ _____	\$ _____
(m) Total Legal, Organizational and Audit Fee	\$ _____	\$ _____	\$ _____
(n) Consultant/Processing Fee	\$ _____	\$ _____	\$ _____
(o) Supplemental Management Fund	\$ _____	\$ _____	\$ _____
(p) Initial Repair & Replcmt Reserve	\$ _____	\$ _____	\$ _____
(q) Relocation Expense	\$ _____	\$ _____	\$ _____
(r) Other	\$ _____	\$ _____	\$ _____
(s) SUBTOTAL (j+k+l+m+n+o+p+q+r)	\$ _____	\$ _____	\$ _____
(t) Land	\$ _____	\$ _____	\$ _____
(u) TOTAL REPLACEMENT COST OF PROJECT (s+u)	\$ _____	\$ _____	\$ _____

2.	Cash Req. for Land Debt/Acquisition	\$ _____	\$ _____	\$ _____
3.	SUBTOTAL (Lines 1 plus 2)	\$ _____	\$ _____	\$ _____
4.	Total Mortgage Amount	\$ _____	\$ _____	\$ _____
	(a) First Mortgage	\$ _____		
	(b) Second Mortgage	\$ _____		
5.	Development/Cash (Lines 3 minus 4)	\$ _____	\$ _____	\$ _____
6.	Initial Operation Deficit	\$ _____	\$ _____	\$ _____
7.	Discount Costs (Costs of Mortgage)	\$ _____	\$ _____	\$ _____
8.	Developer Fees	\$ _____	\$ _____	\$ _____
9.	Initial Operating Deficit Reserve	\$ _____	\$ _____	\$ _____
10.	Extraordinary Reserve	\$ _____	\$ _____	\$ _____
11.	Off-Site Construction Costs	\$ _____	\$ _____	\$ _____
12.	Non-Mortgageable Relocation Expenses	\$ _____	\$ _____	\$ _____
13.	Other (attach itemized list)	\$ _____	\$ _____	\$ _____
14.	TOTAL ESTIMATED CASH REQUIRED (Sum of Lines 5 through 13)	\$ _____	\$ _____	\$ _____

E. FUNDS AVAILABLE FOR CASH REQUIREMENTS

15.	Sources of Cash:			
	(a) Syndication Proceeds	\$ _____	\$ _____	\$ _____
	(b) Owner Contribution	\$ _____	\$ _____	\$ _____
	(c) Other _____	\$ _____	\$ _____	\$ _____
	Subtotal (a+b+c)	\$ _____	\$ _____	\$ _____
16.	Source of Fees and Grants:			
	(a) _____	\$ _____	\$ _____	\$ _____
	(b) _____	\$ _____	\$ _____	\$ _____
	(c) _____	\$ _____	\$ _____	\$ _____
	Subtotal (a+b+c)	\$ _____	\$ _____	\$ _____
17.	TOTAL Cash, Fees and Grants (Sum of Items 15 plus 16)	\$ _____	\$ _____	\$ _____

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

WITNESS this signature on the _____ day of _____, _____.

[TAXPAYER]

By: _____
Title:

WITNESSES

NOTARY