

Arizona Finance Authority

Request for Volume Cap

Applications may be submitted until December 15. For applicants seeking Carryforward Allocation, this form serves as notice of intent. Email completed form to communications@afa.az.gov with a copy of the inducement resolution or other official action taken by the issuer in connection with the project. *Confirmations will not be issued until the application fee has been received. This Request and the confirmation shown below are intended to comply with Section 146 of the Internal Revenue Code of 1986, as amended.*

Issuer: _____

Issuer's EIN: _____

Date of Inducement Resolution or other official action:

Applicant (Issuer, Bond Counsel, or other Interested Party)

Company:

Work Phone:

Contact:

Cell Phone:

Title:

E-mail:

Address:

Volume Cap Requested: \$ _____

Project Name: _____

Project Address:

Brief Project Description: (if space below is not sufficient please note "see attached" and include it separately)

<p>Type of Project</p> <p>Mortgage Revenue Bonds and Mortgage Credit Certificates</p> <p>Urban city, as designated in A.R.S. §35-901 (24)</p> <p>Nonurban area, as designated in A.R.S. §35-901 (14)</p> <p>Residential Rental Other</p> <p>Manufacturing Directors Discretion</p>	<p>if submitting 4/1 to 12/15, complete this box.</p> <p>Type of Allocation Requested:</p> <p>Current-Year Allocation</p> <p>Carryforward Allocation</p>
---	--

If applying for Director's Discretion, please provide a brief description of the reason for the request.

Arizona Finance Authority

Request for Volume Cap cont.

Security Deposit

For Bonds issued after March 31, a refundable security deposit of 1% of the requested Volume Cap is required unless one of the following applicable?

If Applying as a nonprofit, please provide evidence of the following:

The name of the nonprofit corporation, its status, its state of incorporation, and its affiliation with the project.

The undersigned hereby certifies that the information provided for above and attached is accurate to the best knowledge of the Applicant.

Signature: _____ Date: _____

Application and Confirmation Fees

An Application Fee of \$1,000 is due with this Application. Within three business days of receipt of this Request for Volume Cap signed by the Arizona Finance Authority, a Confirmation Fee of \$320 per \$1 million of requested Volume Cap and a refundable security deposit, if applicable, is due.

Remit check to:

Arizona Finance Authority
c/o Office of Economic Opportunity
1810 West Jackson, #68
Phoenix, AZ 85007

Wire Information:

Bank of America
Account Name: BNF:OEO/EOA Arizona Finance Authority
Account Number: 000001000985
Routing Number 026009593

To be completed by the Arizona Finance Authority Upon Receipt of Application

Date and time Application was received: _____ Inducement Resolution Received:

Application Fee Received: _____ Security Deposit Required: _____

Project ID: _____ Invoice #: _____ Invoice Amount (exc. Application Fee: \$ _____

AFA Program Manager (Signature): _____ Date: _____

Receipt of Fees and Deposits Date Received: _____

Confirmed Allocation Amount: \$ _____ Expiration Date: _____