



Request for Volume Cap Director's Discretion

For applications submitted for Director's Discretion. 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 and confirmation fees have 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 _____ Mobile Phone _____

Title _____ Email _____

Address _____

Project Description

Volume Cap Requested \$ _____

Project Name _____

Project Address _____

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

If applying for a rental income project, please provide a brief description of the reason for the request including: Number and type of units (studio, one bedroom, etc) expected closing date, rehab or new construction, proof of public support, and status with the Arizona Department of Housing. (Feel free to add attachments to the application.)

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 \$5,000 is due upon confirmation of volume cap allocation. 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 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/Time Application Received _____

Inducement Resolution Received: _____

Invoice # _____

Project ID _____

Invoice Amount \$ _____

AFA Program Manager (Signature)

Date

Receipt of Fees and Deposits

Date Received _____

Confirmed Allocation Amount: \$ _____

Expiration Date _____