



## Request for Volume Cap April 1 to December 16

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For applications submitted April 1 to December 16. (Please submit Director's Discretion applications on a separate form.) Email completed form to [communications@afa.az.gov](mailto: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)

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Company \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

### Project Description

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Volume Cap Requested \$ \_\_\_\_\_

Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

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

### Type of Project

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Mortgage Revenue Bonds and Mortgage Credit Certificates

Urban city, as designated in A.R.S. §35-901 (24)

Nonurban area, as designated in A.R.S. §35-901 (14)

Rental Residential

Other

### Security Deposit

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A refundable security deposit of 1% of the requested Volume Cap is required unless one of the following applies:

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

Name of the nonprofit corporation \_\_\_\_\_

Status \_\_\_\_\_

State of incorporation \_\_\_\_\_

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 \$5,000 is due up confirmation of volume cap availability. 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.

**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: \_\_\_\_\_

Application Fee Received: \_\_\_\_\_ Security Deposit Required: \_\_\_\_\_

Invoice # \_\_\_\_\_

Project ID \_\_\_\_\_

Invoice Amount \$ \_\_\_\_\_

\_\_\_\_\_  
AFA Program Manager (Signature)

\_\_\_\_\_  
Date

**Receipt of fees and deposits**

Date Received \_\_\_\_\_

Confirmed Allocation Amount: \$ \_\_\_\_\_

Expiration Date \_\_\_\_\_