



Reservation for Single Family Mortgage Programs

Email completed form to communications@afa.az.gov by January 31.

Issuer _____ Issuer's EIN _____

Applicant (Issuer, Issuer's Counsel, or other Interested Party)

Company _____ Phone _____

C/O _____ Email _____

Street Address _____

City, State, Zip _____

\$ _____ for qualified mortgage revenue bonds and/or qualified mortgage credit certificate programs within the issuer's jurisdiction.

\$ _____ for additional allocation for qualified mortgage revenue bonds and/or qualified mortgage credit certificate programs serving rural areas outside of the issuer's jurisdiction.

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

Signature

Date

To be completed by the Arizona Finance Authority

Confirmed Reservation Amount in Issuer's Jurisdiction: _____

Confirmed Reservation Amount for Rural Areas Outside Issuer's Jurisdiction: _____

Reservation Expiration Date: _____

Program Manager (Signature)

Date