

HIF/FCF/CBH COMPLIANCE AFFIDAVIT

Project Name:	Project Number:
Property Address:	
Developer Sponsor Name:	
Contact Person:	Title:
Email Address:	Phone Number:

Please make any edits to the information below. For projects with multiple sources of funding check the certification for each funding source.

Total # of Units in Project: _____

HIF CERTIFICATION

Total Number of HIF Units _____

- Number of Extremely Low-Income Units (30% AMI) _____
- Number of Very Low-Income Units (50% or 60% AMI) _____
- Number of Low-Income Units (80% AMI) _____
- Number of Moderate-Market Income Units (\geq 120% AMI) _____

I certify that the number and use of HIF units and their respective affordability meet the project requirements as specified in Section 2 of the HIF Loan Agreement and (if applicable) Sections 2 & 3 and Exhibit C of the Affordable Housing or Land Use Restriction.

FCF CERTIFICATION

Total Number of FCF Units _____

I certify that the number and use of FCF units meet the project requirements as specified in Section 2 of the FCF Loan Agreement and Sections 2 through 4 (and Exhibit C if applicable) of the Affordable Housing or Land Use Restriction.

CBH CERTIFICATION

Total Number of CBH Units _____

I certify that the number and use of CBH units meet the project requirements as specified in Section 2 of the CBH Loan Agreement and Sections 2 & 3 and Exhibit C of the Affordable Housing or Land Use Restriction.

Authorized signature required below. The signatory must be a person authorized by the board of directors to execute documents on behalf of the organization:

Signature

Title

Print Name

Date