**HIF/FCF/CBH COMPLIANCE AFFIDAVIT**

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Project Number:</th>
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</thead>
<tbody>
<tr>
<td>Property Address:</td>
<td></td>
</tr>
<tr>
<td>Developer Sponsor Name:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Title:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

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 (> 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