



Reservation for Single Family Mortgage Programs

Email completed form to program.manager@azfinanceauthority.com by January 31.

Issuer: _____

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

Company:

Work Phone:

Contact:

Cell Phone:

Title:

E-mail:

Address:

Indicate the reservation(s) needed:

\$ _____ 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.

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: _____