



Request for Volume Cap

Applications may be submitted until December 15. For applicants seeking Carryforward Allocation, this form serves as notice of intent. Email completed form to program.manager@azfinanceauthority.com with a copy of the project's inducement resolution or other official action taken by the issuer in connection with the project. Send \$1,000 application fee to 100 N. 7th Ave, Suite 100, Phoenix, Arizona 85007 (check payable to Arizona Finance Authority). *Confirmations will not be issued until the application fee has 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)

Company: _____

Work Phone: _____

Contact: _____

Cell Phone: _____

Title: _____

E-mail: _____

Address: _____

Project Name: _____

Amount of Volume Cap Requested: \$ _____

Project Address: _____

Will the project include Urban Development Action Grant or Housing Development Grant financing? _____

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

If submitting this request by 3/31, complete this box.

Indicate the Volume Cap type needed:

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)

Residential Rental Other

Manufacturing Directors Discretion

Student Loans

4/1 to 12/15, complete this box.

Indicate the Volume Cap type needed:

Current-Year Allocation

Carryforward Allocation

Signature: _____

Date: _____

To be completed by the Arizona Finance Authority

Date and time Application was received: _____

Project ID: _____ Confirmed Allocation Amount: \$ _____ Expiration Date: _____

AFA Program Manager (Signature): _____ Date: _____