



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 400, 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)

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

if submitting 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: _____