



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. 15th Ave, Suite 103, Phoenix, Arizona 85007 (check payable to Arizona Finance Authority). *Applications will be considered received at the beginning of the day they were emailed so long as the application is in order, however, 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: _____