

Arizona Commerce Authority  
333 N Central Avenue Suite 1900  
PHOENIX ARIZONA 85004  
(602) 845-1235

DO NOT WRITE IN THIS SPACE

- REQUEST FOR ALLOCATION -

This form must be fully completed and executed. Evidence of the issuer's inducement resolution or other official action relating to the project must be attached to this request.

*File an original and two copies.*

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF BOND PROCEEDS: \_\_\_\_\_

DATE INDUCEMENT RESOLUTION ADOPTED: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

Indicate the category from which the project is requesting an allocation. Select only one category.

1.  DIRECTOR'S DISCRETION

This is an allocation pursuant to ARS §35-902 (B), which states: "Ten percent of the state ceiling is allocated to projects that are designated at the sole discretion of the Director."

2.  QUALIFIED MORTGAGE REVENUE BONDS AND QUALIFIED MORTGAGE CREDIT CERTIFICATE PROGRAMS

This is an allocation pursuant to ARS §35-902 (C), which states: "Thirty-five per cent of the state ceiling is allocated to qualified mortgage revenue bonds and qualified mortgage credit certificate programs, excluding any such bonds and certificate programs for home improvement and rehabilitation."

3.  QUALIFIED RESIDENTIAL RENTAL PROJECTS

This is an allocation pursuant to ARS §35-902 (D), which states: "Ten per cent of the state ceiling is allocated to qualified residential rental projects as described in the United States Internal Revenue Code of 1986."

4.  QUALIFIED STUDENT LOAN PROJECTS

This is an allocation pursuant to ARS §35-902 (E), which states: "Twenty per cent of the state ceiling is allocated to qualified student loan projects."

5.  MANUFACTURING PROJECTS

This is an allocation pursuant to ARS §35-902 (F), which states: "Fifteen per cent of the state ceiling is allocated to manufacturing projects."



6.  ALL OTHER PROJECTS

This is an allocation pursuant to ARS §35-902 (G), which states: "Ten per cent of the state ceiling is allocated to all projects financable through issuance of private activity bonds that require an allocation of state ceiling and that are not described and provided for in subsections C, D, E and F of this section. Such projects include, but are not limited to, qualified mortgage revenue bonds and qualified mortgage credit certificate programs for home improvement and rehabilitation."

\* \* \*

7.  Allocation requested during the "pooling" period from July 1 to December 16.

\* \* \*

The project for which this allocation is requested is located in:

- An urban area of the state as designated in ARS §35-901 (23)
- A nonurban area of the state as designated in ARS §35-901 (13)

PERSON (ISSUER, BOND COUNSEL, OR PRIVATE OBLIGOR) FILING AND RESPONSIBLE FOR THIS REQUEST:

NAME: \_\_\_\_\_ FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

TOTAL AMOUNT OF 2011 STATE CEILING REQUESTED: \$ \_\_\_\_\_

AMOUNT OF APPLICATION FEE REQUIRED: \$ \_\_\_\_\_

EXECUTED BY (SIGNATURE): \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

The undersigned hereby confirms the filing of this Request for Allocation on the date set forth below.

ARIZONA COMMERCE AUTHORITY

DATE & TIME FILED: \_\_\_\_\_ am/pm

BY: \_\_\_\_\_  
Tiffany Frechette

TITLE: Director, Financial Incentive Programs

AMOUNT OF APPLICATION FEE SUBMITTED WITH THE APPLICATION: \$ \_\_\_\_\_



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**-ALLOCATION CONFIRMATION-**

An allocation of the state ceiling to the issuer and the project set forth below in the amount set forth below is hereby confirmed. The confirmation is effective for the period beginning on the date of issuance set forth below and expires as provided in ARS §35-901 through §35-913, unless extended in accordance with law. Any confirmation fee due shall be payable upon receipt of this confirmation.

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF BOND PROCEEDS: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

REQUESTED AMOUNT: \$ \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_

CONFIRMATION AMOUNT: \$ \_\_\_\_\_

CONFIRMATION NUMBER: \_\_\_\_\_

AMOUNT OF CONFIRMATION FEE: \$ \_\_\_\_\_

The confirmation issued herein is not made in consideration of any bribe, gift, gratuity, or direct or indirect contribution to any political campaign.

**ARIZONA COMMERCE AUTHORITY**

DATE CONFIRMATION EXPIRES (unless extended): \_\_\_\_\_ **am/pm**

BY: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Tiffany Frechette

TITLE: Director, Financial Incentive Programs



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**-ALLOCATION CONFIRMATION FOR QUALIFIED RESIDENTIAL RENTAL PROJECTS-**

An allocation of the state ceiling to the issuer and the project set forth below in the amount set forth below is hereby confirmed. The confirmation is effective for the period beginning on the date of issuance set forth below and expires as provided in ARS §35-901 through §35-913, unless extended in accordance with law. Any confirmation fee due shall be payable upon receipt of this confirmation.

It should be understood that the issuance of this allocation confirmation does not imply that the project has been or will be approved through the §35-726 (E) process.

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF BOND PROCEEDS: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

REQUESTED AMOUNT: \$ \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_

CONFIRMATION AMOUNT: \$ \_\_\_\_\_

CONFIRMATION NUMBER: \_\_\_\_\_

AMOUNT OF CONFIRMATION FEE: \$ \_\_\_\_\_

The confirmation issued herein is not made in consideration of any bribe, gift, gratuity, or direct or indirect contribution to any political campaign.

**ARIZONA COMMERCE AUTHORITY**

DATE CONFIRMATION EXPIRES (unless extended): \_\_\_\_\_ **am/pm**

BY: \_\_\_\_\_  
Tiffany Frechette

TITLE: Director, Financial Incentive Programs



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- REQUEST FOR EXTENSION -

This form must be fully completed and executed. The following named issuer hereby requests an extension of the allocation of the state ceiling in the amount and for the project set forth below, to be effective for the period beginning on the date of issuance of the extension and expiring as provided by law.

*File an original and two copies.*

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF PROCEEDS: \_\_\_\_\_

ORIGINAL DATE OF ISSUANCE OF ALLOCATION CONFIRMATION: \_\_\_\_\_

ORIGINAL CONFIRMATION NUMBER: \_\_\_\_\_

ORIGINAL ALLOCATION AMOUNT: \$ \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

AMOUNT OF ALLOCATION REQUESTED TO BE EXTENDED: \$ \_\_\_\_\_

FORM OF SECURITY DEPOSIT TENDERED: \_\_\_\_\_

AMOUNT OF SECURITY DEPOSIT TENDERED: \$ \_\_\_\_\_

EXECUTED BY (SIGNATURE): \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

The undersigned hereby confirms the filing of this Request for Extension on the date set forth below.

ARIZONA COMMERCE AUTHORITY

DATE & TIME FILED: \_\_\_\_\_ am/pm

BY: \_\_\_\_\_  
Tiffany Frechette

TITLE: Director, Financial Incentive Programs



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- EXTENSION CONFIRMATION -

The extension of the allocation of the state ceiling in the amount and for the issuer and the project set forth below is hereby confirmed.

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF BOND PROCEEDS: \_\_\_\_\_

DATE OF ISSUANCE OF ALLOCATION CONFIRMATION: \_\_\_\_\_

ORIGINAL CONFIRMATION NUMBER: \_\_\_\_\_

ORIGINAL ALLOCATION AMOUNT: \$ \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

AMOUNT OF ALLOCATION EXTENDED: \$ \_\_\_\_\_

DATE OF ISSUANCE OF EXTENSION: \_\_\_\_\_

DATE EXTENSION EXPIRES: \_\_\_\_\_

The extension issued herein is not made in consideration of any bribe, gift, gratuity, or direct or indirect contribution to any political campaign.

ARIZONA COMMERCE AUTHORITY

DATE & TIME FILED: \_\_\_\_\_ am/pm

BY: \_\_\_\_\_  
Tiffany Frechette

TITLE: Director, Financial Incentive Programs



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**- EXTENSION CONFIRMATION FOR QUALIFIED RESIDENTIAL RENTAL PROJECTS -**

The extension of the allocation of the state ceiling in the amount and for the issuer and the project set forth below is hereby confirmed. The confirmation extension is effective for the period beginning on the date of issuance set forth below and expires as provided in ARS § 35-901 through §35-913. Any fee due shall be payable upon receipt of this confirmation extension.

It should be understood that the issuance of this extension confirmation does not imply that the project has been or will be approved through the ARS §35-726 (E) process.

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF BOND PROCEEDS: \_\_\_\_\_

DATE OF ISSUANCE OF ALLOCATION CONFIRMATION: \_\_\_\_\_

ORIGINAL CONFIRMATION NUMBER: \_\_\_\_\_

ORIGINAL ALLOCATION AMOUNT: \$ \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

AMOUNT OF ALLOCATION EXTENDED: \$ \_\_\_\_\_

DATE OF ISSUANCE OF EXTENSION: \_\_\_\_\_

DATE EXTENSION EXPIRES: \_\_\_\_\_

The extension issued herein is not made in consideration of any bribe, gift, gratuity, or direct or indirect contribution to any political campaign.

ARIZONA COMMERCE AUTHORITY

DATE & TIME FILED: \_\_\_\_\_ am/pm

BY: \_\_\_\_\_  
Tiffany Frechette

TITLE: Director, Financial Incentive Programs



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- CERTIFICATE OF CLOSING -

The undersigned hereby certifies that the bonds described below have been issued as said term is defined in A.R.S. § 35-901 (9) in the principal amount, at the issue price and for the project described below. To prevent expiration of a confirmation there must be filed an original and two copies of this certificate prior to the expiration of the confirmation or any extension thereof, together with proof of delivery and payment for the bonds.

*File an original and two copies, together with proof of delivery and payment for the bonds.*

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF BOND PROCEEDS: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

DATE OF ISSUANCE OF CONFIRMATION: \_\_\_\_\_ CONFIRMATION NO.: \_\_\_\_\_

CONFIRMATION AMOUNT: \$ \_\_\_\_\_

PRINCIPAL AMOUNT OF BONDS ISSUED: \$ \_\_\_\_\_

ISSUE PRICE OF BONDS: \$ \_\_\_\_\_

CONFIRMATION AMOUNT RELEASED: \$ \_\_\_\_\_

FEE DUE PURSUANT TO A.R.S. § 35-909: \$ \_\_\_\_\_

EXECUTED BY (SIGNATURE): \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**ADVICE OF FILING**

The undersigned hereby confirms the filing of this Certificate of Closing on the date set forth below.

**ARIZONA COMMERCE AUTHORITY**

DATE & TIME FILED: \_\_\_\_\_ am/pm

BY: \_\_\_\_\_

Tiffany Frechette

TITLE: Director, Financial Incentive Programs



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**- CERTIFICATE OF CLOSING MORTGAGE CREDIT CERTIFICATES-**

The undersigned hereby certifies that the mortgage credit certificate program described below has been established in the amount described below. To prevent expiration of a confirmation there must be filed an original and two copies of this certificate prior to the expiration of the confirmation or any extension thereof, together with a copy of the mortgage credit certificate election.

*File an original and two copies, together with a copy of the mortgage credit certificate election.*

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF MCC PROCEEDS: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

DATE OF ISSUANCE OF CONFIRMATION: \_\_\_\_\_ CONFIRMATION NO.: \_\_\_\_\_

CONFIRMATION AMOUNT: \$ \_\_\_\_\_

AMOUNT OF MRBs NOT ISSUED TO ISSUE MCCs: \$ \_\_\_\_\_

CONFIRMATION AMOUNT RELEASED: \$ \_\_\_\_\_

CONFIRMATION AMOUNT EXTENDED: \$ \_\_\_\_\_

FEE DUE PURSUANT TO A.R.S. § 35-909: \$ \_\_\_\_\_

EXECUTED BY (SIGNATURE): \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**ADVICE OF FILING**

The undersigned hereby confirms the filing of this Certificate of Closing on the date set forth below.

**ARIZONA COMMERCE AUTHORITY**

DATE & TIME FILED: \_\_\_\_\_ am/pm

BY: \_\_\_\_\_  
Tiffany Frechette

TITLE: Director, Financial Incentive Programs



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**- NOTICE OF INTENT FOR CARRY-FORWARD PROJECT -**

**This form must be fully completed and executed. Evidence of the issuer's inducement resolution or other official action relating to the project must be attached to this request.**

*File an original and two copies.*

Please take notice that the following named issuer intends to issue bonds eligible for carry-forward allocation and requests an allocation of the state ceiling for such purpose. The issuer intends to issue such bonds during 2011 or subsequent years relying on an allocation of the state ceiling. This request is with respect to the project and for the amount of bonds specified below.

**ISSUER:** \_\_\_\_\_

**BENEFICIARY/RECIPIENT OF BOND PROCEEDS:** \_\_\_\_\_

**DATE INDUCEMENT RESOLUTION ADOPTED:** \_\_\_\_\_

**DESCRIPTION OF PROJECT:** \_\_\_\_\_

**EXACT ADDRESS OF PROJECT:** \_\_\_\_\_

**LEGISLATIVE DISTRICT OF PROJECT LOCATION:** \_\_\_\_\_

**PERSON (ISSUER, BOND COUNSEL, OR PRIVATE OBLIGOR) FILING AND RESPONSIBLE FOR THIS REQUEST:**

**NAME:** \_\_\_\_\_ **FIRM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FACSIMILE:** \_\_\_\_\_

**AMOUNT OF CEILING TO BE ALLOCATED AS CARRY-FORWARD: \$** \_\_\_\_\_

**OUTSTANDING CARRY-FORWARD: \$** \_\_\_\_\_

**EXECUTED BY (SIGNATURE):** \_\_\_\_\_

**TYPE OR PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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**- CARRY-FORWARD ALLOCATION CONFIRMATION -**

A carry-forward allocation confirmation of the state ceiling to the issuer and the project set forth below in the amount set forth below is hereby confirmed.

ISSUER: \_\_\_\_\_

BENEFICIARY/RECIPIENT OF BOND PROCEEDS: \_\_\_\_\_

DATE OF ISSUANCE OF CARRY-FORWARD ALLOCATION: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

EXACT ADDRESS OF PROJECT: \_\_\_\_\_

LEGISLATIVE DISTRICT OF PROJECT LOCATION: \_\_\_\_\_

CARRY-FORWARD CONFIRMATION NUMBER: \_\_\_\_\_

AMOUNT ALLOCATED FROM 2011 STATE CEILING: \$ \_\_\_\_\_

FORM OF SECURITY DEPOSIT TENDERED: \_\_\_\_\_

AMOUNT OF SECURITY DEPOSIT TENDERED: \$ \_\_\_\_\_

AMOUNT OF CONFIRMATION FEE TENDERED: \$ \_\_\_\_\_

The confirmation issued herein is not made in consideration of any bribe, gift, gratuity, or direct or indirect contribution to any political campaign.

**ARIZONA COMMERCE AUTHORITY**

DATE & TIME FILED: \_\_\_\_\_ am/pm

BY: \_\_\_\_\_  
Tiffany Frechette

TITLE: Director, Financial Incentive Programs



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**- ALLOCATION RESERVATION FOR SINGLE FAMILY MORTGAGE PURPOSES -**

This form must be fully completed, executed and filed with the Department no later than January 31.

This is an allocation reservation pursuant to ARS §35-913 (D), which states: "At any time before submitting a formal request for allocation, but no later than January 31, a corporation described in §35-706, subsection E may submit to the Director an allocation reservation for an amount not to exceed that portion of the allocation to which the corporation is entitled pursuant to this subsection."

The allocation reservation may include an offer to use additional allocation amounts described in subsection E of this section for all counties, cities and towns in this state that are not within the jurisdiction of any corporation that submitted an allocation reservation pursuant to this section. The allocation reservation does not constitute a formal request for allocation and does not obligate a corporation to submit a request for allocation.

ISSUER: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check appropriate lines:

\_\_\_\_\_ WE RESERVE THAT PORTION OF THE STATE VOLUME CAP TO WHICH WE ARE ENTITLED PURSUANT TO A.R.S. §35-913 (D) FOR QUALIFIED MORTGAGE REVENUE BONDS AND/OR QUALIFIED MORTGAGE CREDIT CERTIFICATE PROGRAMS

\_\_\_\_\_ WE OFFER TO USE ADDITIONAL ALLOCATION AMOUNTS DESCRIBED IN SUBSECTION E OF A.R.S. §35-913 FOR ALL COUNTIES, CITIES, AND TOWNS IN THIS STATE THAT ARE NOT WITHIN OUR JURISDICTION OR THE JURISDICTION OF ANY CORPORATION THAT SUBMITTED AN ALLOCATION RESERVATION PURSUANT TO A.R.S. §35-913, INDIVIDUALLY OR AS A JOINT PROGRAM WITH THE ARIZONA HOUSING FINANCE AUTHORITY.

\_\_\_\_\_ WE DO NOT OFFER TO USE ADDITIONAL ALLOCATION AMOUNTS DESCRIBED IN SUBSECTION E. OF A.R.S. §35-913 FOR ALL COUNTIES, CITIES, AND TOWNS IN THIS STATE THAT ARE NOT WITHIN OUR JURISDICTION OR THE JURISDICTION OF ANY CORPORATION THAT SUBMITTED AN ALLOCATION RESERVATION PURSUANT TO A.R.S. §35-913,



**PERSON (ISSUER, BOND COUNSEL, OR PRIVATE OBLIGOR) FILING AND RESPONSIBLE FOR THIS REQUEST:**

**NAME:** \_\_\_\_\_ **FIRM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FACSIMILE:** \_\_\_\_\_

**EXECUTED BY (SIGNATURE):** \_\_\_\_\_

**TYPE OR PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

The undersigned hereby confirms the filing of this Allocation Reservation on the date set forth below.

**ARIZONA COMMERCE AUTHORITY**

**DATE & TIME FILED:** \_\_\_\_\_ **am/pm**

**BY:** \_\_\_\_\_  
Tiffany Frechette

**TITLE:** Director, Financial Incentive Programs

