



Email: \_\_\_\_\_

7. Has the Qualified Project Period commenced? No\_\_\_\_ Yes\_\_\_\_  
(If yes, please submit the Certificate of Completion (one time only.))

Already Submitted Certification

8. Has the project been completed and placed in service? No\_\_\_\_ Yes\_\_\_\_  
(If yes, please submit the Certificate of Completion (one time only.))

Already Submitted Certification

9. Has any of the following events occurred associated with the bond allocation: notices of defaults associated with rents and income requirements, Bond Default or a Qualified Bond Default.

No\_\_\_\_ Yes\_\_\_\_ If yes, please describe and explain.

10.

Federally Bond Restricted Units (Reflected in PSR)	Other Restrictions (Reflected in PSR)	Total (Reported in CDLAC Resolution)
_____ at 50% AMI	_____ at 50% AMI	_____ at 50% AMI
_____ at 60% AMI	_____ at 60% AMI	_____ at 60% AMI

**Please attach a copy of the project's TCAC Project Status Report (PSR) or equivalent documentation.**

11. Please indicate the distribution of the CDLAC restricted 10% of the 50% AMI units.

Bedroom Type	# of Units in PSR	# of Units in CDLAC Resolution
1 Bedroom	_____	_____
2 Bedroom	_____	_____
3 Bedroom	_____	_____

12. If the Project has committed to and is currently providing the service amenities for a term as specified in the CDLAC resolution, please verify the services are being provided: on a regular and ongoing basis, which are provided free of charge and all hour requirements are being met:

- \_\_\_\_\_ After-school Programs
- \_\_\_\_\_ Educational, Health and Wellness or skill development classes
- \_\_\_\_\_ Health and Wellness services and programs (not group classes)
- \_\_\_\_\_ Licensed Childcare provided for a minimum of 20 hours per week (Monday-Friday)
- \_\_\_\_\_ Bona-Fide Service Coordinator/Social Worker

Is the service being offered on an ongoing basis and provided free of charge (childcare excluded)?

No\_\_\_\_ Yes\_\_\_\_

Are all hour requirements being met? No\_\_\_\_ Yes\_\_\_\_

**Attach evidence demonstrating that the above listed services are being provided and have met the requirements in the CDLAC Resolution. Including but not limited to MOUs and/or contracts associated with the services rendered, a 12-month schedule (current reporting year) of the services offered, flyers, sign-up sheets, etc.**

"Pursuant to Section 13 of Resolution No. \_\_\_\_\_ (the "Resolution"), adopted by the California Debt Limit Allocation Committee (the "Committee") on \_\_\_\_\_, I, \_\_\_\_\_, an Officer of the Borrower, hereby certify under penalty of perjury that, as of the date of this Certification, the above-mentioned Project is in compliance with the terms and conditions set forth in the Resolution as outlined above. I further certify that I have read and understand the CDLAC Resolution, which specifies that once the Bonds are issued, the terms and conditions set forth in the Resolution Exhibit A, shall be enforceable by the Committee through an action for specific performance, negative points, withholding future allocation or any other available remedy.

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Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name of Officer \_\_\_\_\_ Phone Number \_\_\_\_\_

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Title of Officer \_\_\_\_\_