EXHIBIT 1F

FINAL CERTIFICATION OF APPLICATIONS

Project Name:Insert Project Name

We have full power and authority to execute, deliver, perform, enter into and carry out the performance of the Threshold, Carryover-10%, and IRS Form 8609 Applications (“Applications”).

We are responsible for ensuring that the project described in the Threshold Application (the “Project”) consists of Qualified Residential Rental Property as defined in IRC Section 42 and 103 of the Internal Revenue Code of 1986, as amended, and has or will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the Project to receive Low Income Housing Tax Credits (“Tax Credits”).

We are eligible to electronically submit the Applications to the Iowa Finance Authority (“IFA”) through its on-line application system.

The Ownership Entity is eligible to receive an allocation of Tax Credits, has entered into a Carryover Allocation Agreement, if applicable, and has placed the Project in service in a timely manner to qualify for the issuance of an IRS Form 8609.

The Project and its Significant Parties are not deemed ineligible pursuant to IFA’s 4% or 2018 9% Qualified Allocation Plan (“QAP”) to participate in the Tax Credit program in Iowa.

All information, representations, acknowledgements, and covenants contained in the Applications submitted to IFA are true, complete and accurate and IFA may rely thereon to award Tax Credits to the Ownership Entity. Misrepresentations of any kind may be grounds for denial or loss of Tax Credits, notification of the Internal Revenue Service and may affect future participation in the Tax Credit program in Iowa.

We are responsible for all calculations and figures relating to the determination of the Eligible Basis and the Qualified Basis for any building or buildings and understand and agree that the amount of Tax Credit is calculated by reference to the figures submitted in each application, and further, that all such references whether with respect to costs or any other item are material to the application.

The Project has maintained its eligibility up to a thirty percent (30%) increase in Eligible Basis as a Project located in a Qualified Census Tract (“QCT”) or Difficult Development Area (“DDA”) and has retained the required documentation from the [HUD website](http://www.huduser.gov/) to substantiate its eligibility.

We verify that the amounts included in the replacement reserve and the operating reserve are adequate and necessary to maintain the Project in good repair, that these amounts will be available for unit repairs as necessary and we understand that the reserve set-asides may be a compliance issue if not established and adequately maintained.

In the event it becomes necessary to amend an Application Package, IFA will post an amended version of the Application Package on its website and the Ownership Entity/Applicant hereby agrees it is responsible to check IFA’s website periodically for such IFA amendment or modification to an Application Package.

If it becomes necessary for the Ownership Entity/Applicant to amend an IFA approved Application Package in accordance with the QAP, such modification and/or amendment shall be submitted to IFA through its on-line application system “Change in Application” process for IFA’s written approval.

We are responsible for payment of all fees, as listed in the QAP, prior to IFA’s issuance of an IRS Form 8609.

Upon our receipt of IFA’s executed IRS Form 8609, we shall complete the form, obtain the Ownership Entity’s signature thereon and return a fully executed copy thereof to IFA within 60 calendar days, thus ensuring that the Ownership Entity’s completed IRS Form 8609(s) matches the terms agreed upon in the Land Use Restrictive Covenants; otherwise, we understand that failure to do so may result in a State Issued Notice of Noncompliance.

We will, at all times, indemnify and hold the State of Iowa and the Iowa Finance Authority, its Board members, employees, agents, elected and appointed officials, harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind including, but not limited to, attorney fees including the value of time or the Attorney General’s office, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from the Internal Revenue Service directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such reservation, allocation request, Carryover Agreement or a request for an IRS Form 8609.

The undersigned, [Ownership Entity/Applicant, General Partners/managing member(s), Developer, and Development Consultant or their duly authorized agent(s) or representatives] certify under penalty of perjury and that we have read the foregoing Final Certification of Applications and it is true and correct.

Ownership Entity: **Insert Ownership Entity Name**

By: **Insert GP/mm Entity Names as required in Organizational Documents**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: **Type Name of Person Signing**

Title:**Insert Signor Title**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Partner/managing member: **Insert GP/mm Name**

By: **Insert GP/mm Entity Names as required in GP/mm Organizational Documents**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: **Type Name of Person Signing**

Title: **Insert Signor Title**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Partner/managing member: **Insert GP/mm Name**

By: **Insert GP/mm Entity Names as required in GP/mm Organizational Documents**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: **Type Name of Person Signing**

Title: **Insert Signor Title**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developer: **Insert Developer Name**

By: **Insert Entity Name**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: **Type Name of Person Signing**

Title: **Insert Signor Title**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developer: **Insert Developer Name**

By: **Insert Entity Name, if applicable**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: **Type Name of Person Signing**

Title: **Insert Signor Title**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Development Consultant: **Insert Development Consultant Name**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: **Type Name of Person Signing**

Title: **Insert Signor Title**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Development Consultant: **Insert Development Consultant Name**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: **Type Name of Person Signing**

Title: **Insert Signor Title**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_