



State Housing Trust Fund

Local Housing Trust Fund Program Application Certification

ACKNOWLEDGMENT, AUTHORIZATION, CERTIFICATION AND RELEASE

I certify that the Applicant possesses legal authority to submit this proposal; that a resolution, motion, or similar action has been duly adopted or passed as an official act of the Applicant's governing entity authorizing the submittal of this proposal, including all acknowledgements, assurances, representations contained herein, and directing and authorizing the person signing below to act in connection with the application and to provide additional information as may be required.

I acknowledge that I have read and understand the application materials and administrative rules.

I certify that the Applicant will comply with all applicable federal, state, and local laws and regulations in completing and operating the program, including, without limitation, and if applicable, local zoning laws and codes, fair housing laws and local housing plans.

Per Iowa law, the Applicant covenants that, at no time since May 20, 2021, has it or any subgrantee required a customer, patron, client, patient, or other person invited onto the premises of the establishment to provide proof that the person has received a vaccination for COVID-19 prior to entering the establishment.

I understand that all information submitted and generated during the application and negotiation process becomes a public record under Iowa's Open Records Law (Iowa Code Chapter 22), unless (1) the information automatically belongs to a statutory class of confidential records, or (2) the Applicant has applied for and received written notice from the Iowa Finance Authority that such information falls within an exemption to the Open Records Law and will be treated as confidential.

I certify that all Applicant's representations, warranties, or statements made or furnished in connection with this application are true and correct in all material respects.

I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring assistance from a state agency or subdivision.

I further understand that the Iowa Finance Authority reserves the right to deny funding to the Applicant if it has failed to comply with program requirements in the administration of any previous project funded through one of Iowa Finance Authority's programs.



The Applicant hereby releases, acquits and forever discharges the State of Iowa, the Iowa Finance Authority, its officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the Applicant that it may have or ever claim to have relating to information, data, opinions, and references obtained by the Iowa Finance Authority in the evaluation and possible selection of Applicant in response to this application.

The Applicant hereby authorizes the Iowa Finance Authority to obtain information regarding its performance on other contracts, agreements or other business arrangements, its business reputation, and any other matter material to the evaluation and selection of Applicant's proposal. It authorizes the Iowa Finance Authority to research Applicant's history, perform credit checks, contact Applicant's financial institutions, insurance carriers, references, former and current clients, and perform other related activities necessary for reasonable evaluation of this proposal.

The Applicant further authorizes any and all persons, entities to provide the Iowa Finance Authority information, data, and opinions with regard to the Applicant's performance under any contract, agreement, or other business arrangement; ability to perform; business reputation; and any other matter material to the evaluation of the Applicant. The Applicant hereby releases, acquits and forever discharges any such person or entity and their officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the Applicant that it may have or ever claim to have relating to information, data, opinions, and references supplied to the Iowa Finance Authority in the evaluation and possible selection of Applicant in response to this application.

A PHOTOCOPY, FACSIMILE OR EMAIL OF THIS SIGNED AUTHORIZATION IS AS VALID AS AN ORIGINAL.

Applicant Entity: _____

Signature

Signer's Name: _____

Title: _____

Date: _____