The undersigned,      , on behalf of       (the “Owner”), in connection with the Owner’s application (the “Application”) to the Iowa Finance Authority for a Carryover Allocation of low-income housing tax credits under Section 42 of the Internal Revenue Code of 1986, as amended (the “Code”), hereby certifies, UNDER PENALTY OF PERJURY, as follows:

1. For each parcel of land or unit of depreciable real property that is a subject of the Application, the Owner has: (select one)

[ ]  sole fee simple title to the premises constituting the Project; or

[ ]  a leasehold interest in the premises constituting the Project for a term of not less than the longer of: (a) the entire period during which the proposed Project will be subject to the Carryover Agreement or (b) 35 years; or

[ ]  sole fee simple title to a portion of the premises constituting the Project and a leasehold interest in the remaining portion of the premises constituting the Project, which leasehold interest is for a term of not less than the longer of: (a) the entire period during which the proposed Project will be subject to the Carryover Agreement or (b) 35 years.

1. The Owner’s reasonably expected basis in the Project (land and depreciable property) as of the close of the second calendar year following the calendar year the allocation was made is $     .
2. As of the date of this certification, the Owner certifies that its adjusted basis in the land and depreciable property which the Owner reasonably expects to be part of the Project is $     , which is at least ten percent (10%) of its reasonably expected basis in the Project as stated in paragraph 2.
3. Each building in the Project is a qualified building as defined in Section 42(h)(1)(E)(ii) of the Code, and each building will be placed in service no later than December 31, 2020.

**IN WITNESS WHEREOF**, the undersigned has hereunto affixed his or her signature this

      day of Insert month, Insert year

**OWNER**: Insert Owner Name

**By:** Insert entity name, its

**By:** Insert entity name (if applicable), its

**By:** Insert entity name (if applicable), its

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title (please type): Insert name

Insert title

**Complete one of the following, as applicable:**

**Individual Capacity:**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ss:

 This record was acknowledged before me on this \_\_\_\_ day of Insert month, Insert year, by Insert name of individual.

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

Notary Public in and for the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Stamp/Seal)

**Representative Capacity:**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ss:

 This record was acknowledged before me on this \_\_\_\_\_\_ day of Insert month, Insert year by Insert name(s) of inidividual(s) as Insert type of authority of Insert entity name, Insert state organized under Insert entity type, the Insert type of authority of Insert entity name on behalf of which the record was executed.

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

Notary Public in and for the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Stamp/Seal)