

## **CERTIFICATION OF COMPLIANCE**

(Non-Qualified Residential Rental Projects)

1. Project Name Change: Yes No

(If the project name has changed since the award of allocation, please note the new project name as well as the original project name)

New:

Original:

2. CDLAC Application No.:

3. Bond Issuer Change: Yes No

(If Bond Issuer has changed since the award as a result of refinancing or refunding of an allocation, please note the new issuer as well as the original issuer.)

New:

Original:

Address:

Phone No.:

Email:

4. Change in Borrower: Yes No (If Borrower has changed since the award affecting the CDLAC resolution, please note the new Borrower as well as the original Borrower.)

(If yes, please provide description and explanation on separate sheet)

## **Revised 1/9/2020 CERTIFICATION OF COMPLIANCE**

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7. **(IDB ONLY)** If applicable in Exhibit A of the CDLAC resolution, please provide the following job creation and retention details:

\_\_\_\_\_ Number of existing jobs actually retained.

\_\_\_\_\_ Number of new jobs anticipated to be created.

 (QPEF ONLY) If applicable in Exhibit A of the CDLAC Resolution, please certify that the project is being maintained for public school purposes during the term Yes No of the regulatory agreement.

(If no, please provide explanation on separate sheet)

"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 abovementioned 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.

Signature of Officer

Date

Phone No.:

Printed Name of Officer

Title of Officer