Owner/Developer/Applicant
Good Standing & Capacity Certification

Date: ______________________

To: Idaho Housing and Finance Association

Project(s): ________________________________  ____________________________________

Check each answer 'yes' or 'no' below. If any answer is 'no', than use space provided below to explain

_____ The owner/developer/applicant is in Good Standing with Idaho Housing and Finance Association with no repetitive or unresolved issues or material findings.

_____ The owner/developer/applicant does not have outstanding unresolved issues with any organization or public jurisdiction whose compliance monitoring includes the oversight of any Federal/state affordable housing program.

_____ The owner/developer/applicant has prior affordable housing experience.

_____ The owner/developer/applicant has proven ability to complete similar projects within proposed timeline and within budget.

_____ The owner/developer/applicant has demonstrated ability to meet regulatory requirements, as specified during the development.

_____ The owner/developer/applicant has experience with the affordable housing programs:

____ HUD-202
____ HUD-811
____ USDA-Section 514
____ USDA Section 515
____ USDA Section 516
____ HOME
____ LIHTC
____ Housing Trust Fund
____ Other (Explain) ____________________________________________

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Signed:
_______________________________________________________
For:  ________________________
By:  ________________________
Its:  ________________________
Property Management Company
Good Standing/Capacity Certification

Date: ________________________________
To: Idaho Housing and Finance Association
RE: ________________________________

Check each answer 'yes' or 'no' below. If any answer is 'no', than use space provided below to explain

_____ Proposed management company is in Good Standing with Idaho Housing and Finance Association with no unresolved issues or significant material findings.

_____ Proposed management company does not have outstanding unresolved issues with any organization or public jurisdiction whose compliance monitoring oversight includes any Federal affordable housing program.

_____ Proposed management company has prior affordable housing management experience in Idaho.

_____ Proposed management company has demonstrated ability to meet all regulatory criteria during the Period of Affordability.

_____ Proposed management company has experience in management of affordable housing, including the programs below:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Explain): ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signed:
___________________________
For: ________________________
By: ________________________
Its: ________________________