

# CHFA Single Family Liquidity Support Information

Please include the following information:

Liquidity Provider Information		
Name and Address of Provider:		
Contact Person		
Name and Title:		
Telephone:		
Fax:		
E-mail:		
Provider's Ratings:	Short-Term (Moody's/S&P/Fitch)	Long-Term (Moody's/S&P/Fitch)
Current Ratings		
Year End for 2018		
Year End for 2017		
Year End for 2016		
Are the ratings indicated above based upon a guaranty, insurance or other form of support provided by a different entity? If yes, who is that entity, and what is its relationship to the Provider?		
Please comment on any relevant events that may cause or that recently have caused any rating agency to announce its intention to review or change its rating of the Provider? Also, please provide each rating agency's current outlook on the Provider.		

Facility Information			
Maximum principal amount of bonds for which Facilities would be available		\$	
Proposed Fees for each Facility (based on the principal commitment for such Facility plus 187 days' interest at the Maximum Rate) stated as a single per annum fee in basis points, paid quarterly in arrears, based on actual/actual (365 or 366) days:		Class I Bonds	Class II Bonds
	3 Years:		
	4 Years:		
	5 Years:		
	Other (indicate maximum term the provider will offer):		
Additions to Annual Fee Based upon Rating Changes, If Any:			
Describe Any Additional Fees (Closing Fees; Draw Fees, Etc.)			
Describe any amounts due if Facility is terminated prior to maturity (other than for downgrade of Provider)		IF YES / NO If Yes: Date(s) Reductions in Fee	
Would Credit Approval Expiring on an Earlier Date Reduce Fee Bid:	IF YES / NO  If Yes: Date(s)  Reductions in Fee		
Bank Bond Repayment Terms			
Repayment Schedule or Dates			
<ul style="list-style-type: none"> <li>Is 366 day term-out provision available?</li> <li>What is term for amortization of bank bonds?</li> </ul>			
Bank Bond Interest Rates:			
<ul style="list-style-type: none"> <li>Bank Rate</li> <li>during 1<sup>st</sup> 366 days (impacts indenture rating stress cash flows)</li> <li>after 366 days</li> <li>Default Rate</li> </ul>			

Proposed Renewal Provisions		
Is renewal automatic unless terminated, or is affirmative renewal required		
Renewal Period:		
Conditions:		
Notice Period:		
Fee Impact of Renewal Option:		
Provider Counsel		
Firm Name:		
Firm Address:		
Telephone:		
Attorney:		
Email:		
Guarantor's Counsel:(if any) (if foreign, both U.S. and foreign counsel opinions will be required)		
Firm Name:		
Firm Address:		
Telephone:		
Attorney:		
E-mail:		
Legal Fees & Expenses:		
	Each Facility	Renewal
Mechanism for Calculating Legal Fees (flat fee, hourly, etc.)		
Dollar Cap on All Legal Fees & Expenses:		

Will you commit to meet Financing Schedule set forth in Request?	Yes	No
Please provide a link to your most recent financial statements:		
Recent Transactions: Please include a list of 3 transactions closed within the last two years for which the Provider has furnished a SBPA Facility support for parity bond issuers similar to CHFA		
Remarketing		
Remarketing Agent Fee Quote (if desired)	Weekly %	Daily %

- Please provide the following:
  - Either materially the same as provider’s most recent facility with CHFA, or if none within past 2 years, please provide form of document used with another state HFA in past 2 years. Please note any significant changes to form of recent agreement.
- Please provide any conditions to your bid, including any covenants, limitations of liability, representation or warranties required of CHFA. The bid terms will be valid for series closed prior to March 31, 2020.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date