

2022 4 percent chfa pab pool letter of intent

Please return this completed form via email to rmaurin@chfainfo.com and copy lmonjarez@chfainfo.com prior to your concept meeting.

	Project Name			Number of Units	
	Project Address			County	
	City	State		Zip + 4	
	Sponsor Name				
	Contact Name	ct Name			
	Phone	Email			
	Total PAB Amount Requested From CHFA (CHFA limits PAB to no more than 55% of the aggregate basis. Subject to availability.)				
	Estimated LIHTC Application Date (CHFA limits applications to the first business day	business day of each month from April to November 2022.)		
	Anticipated Construction Loan Closing Date (Reservations of CHFA PAB Pool resources expire 10 business days after construction loan closing date.)				
Ir	•	nstruction loan closing date, please describe	the milestones achieved to	demonstrate readiness to proceed:	
	Zoning/Entitlements				
	Construction Drawings/Pricing				
	Financing Commitments				
S	ignature				
a a tl	ppropriate. CHFA may implement pplicants, projects, or reservation he right, in its sole and absolute d	ght to manage, operate, and administer 49 t, amend, modify, withdraw, change, updat s without the need for public notice or inpu iscretion, at any time and for any reason, to nd iii) not reserve or allocate PAB to any app	te, or waive any rules and ut. Notwithstanding anyth i) allocate or not allocate a	requirements for the 4% PAB Pool ing to the contrary, CHFA reserves	
S	ponsor Name	Sponsor Signature		Date	
<u>-</u>	Concept Meeting Date				