

2021 4 percent chfa pab pool letter of intent

Please return this completed form via email to Imonjaraz@chfainfo.com prior to your concept meeting. This letter of intent will expire in 90 days.

	Project Name			Number of Units	
	Project Address			County	
	City	Sta	ıte	Zip + 4	
	Sponsor Name				
	Phone	En	nail		
	Company Name				
	Total PAB Amount Requested Fron	ral 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 of each month from March to November 2021)				
	Anticipated Construction Loan Closing Date (Reservations of CHFA PAB pool resources expire 10 business days after construction loan closing date.)				
Ir	n order to reach the anticipated co	onstruction loan closing date, please descr	ibe the milestones achieved	d to demonstrate readiness to proceed:	
	Zoning/Entitlements				
	Construction Drawings/Pricing				
	Financing Commitments				
S	ignature				
a a tl	ppropriate. CHFA may implemer pplicants, projects, or reservation he right, in its sole and absolute o	ight to manage, operate, and administent, amend, modify, withdraw, change, upns without the need for public notice or discretion, at any time and for any reasonand iii) not reserve or allocate PAB to any	odate, or waive any rules a input. Notwithstanding an ı, to i) allocate or not alloca	and requirements for the 4% PAB Pool nything to the contrary, CHFA reserves	
S	ponsor Name	Sponsor Signa	cure	Date	
<u>_</u>	Concept Meeting Date				