



applicant certification

Placed-in-Service Application

As part of the Placed-in-Service Application, the applicant(s) acknowledges that the application and all materials submitted by applicant(s) constitute public records within the meaning of the Colorado Open Records Act (Colorado Revised Statutes Section 24-72-210 et seq.). The applicant(s) further acknowledges and agrees, as part of the Application Certification, that CHFA will not treat any part of the application and submissions as a record that is not subject to release to the public, unless such material is segregated and clearly designated as falling with an exception to the Colorado Open Records Act. Otherwise, CHFA will make such material available for inspection and copying (for a charge of \$0.25 per page) upon the request of any person. As part of the Application Certification, the applicant(s) further acknowledges and agrees that even material that is so segregated and designated may become subject to release upon a successful challenge by a member of the public.

The undersigned applicant hereby submits their Placed-in-Service Application to CHFA for housing credit dollar amounts that are listed in the application. The undersigned agrees that CHFA will at all times be indemnified and held harmless against all losses, costs, damages, expenses, and liabilities of whatsoever nature or kind (including, but not limited to, attorney's fees, litigation and court costs, amounts paid to discharge judgement, any loss from judgement from the Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance consideration, and approval or disapproval of such reservation request.

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, including all attached and applicable exhibits, to the best of his/her knowledge, is true, complete, and accurately describes the proposed development as outlined in Section 3.D.3 of the Qualified Allocation Plan. Misrepresentations of any kind will be grounds for denial or loss of the tax credits and may affect future participations in the tax credit program in Colorado.

Development Name

signature

IN WITNESS HEREOF, the applicant(s) has caused this document to be duly executed in its name on this _____ day of _____, 20__.

Name of Preparer (person completing the application)

By

Name

Title

STATE OF COLORADO)
)ss.
COUNTY OF)

Acknowledged before me this _____ day of _____, 20__, by _____
as _____, of _____.

Witness my hand and official seal

Notary Public

My commission expires: _____

IN WITNESS HEREOF, the applicant(s) has caused this document to be duly executed in its name on this _____ day of _____, 20__.

Legal Name of Applicant

By

Name

Title

STATE OF COLORADO)
)ss.
COUNTY OF)

Acknowledged before me this _____ day of _____, 20__, by _____
as _____, of _____.

Witness my hand and official seal

Notary Public

My commission expires: _____