

HOUSING AND COMMUNITY DEVELOPMENT (HCD)

Application and Certification Statement to request a reduction in the interest rate charged by HCD on applicant’s rental housing development loan pursuant to Assembly Bill (AB) 2562, Health and Safety Code (HSC) section 50406.7(a)

Applicant/Borrower: _____

Applicant Representative: _____

Name of Rental Project: _____

HCD Loan Contract(s) #: _____

The undersigned Applicant hereby makes an application to HCD for a reduction in the interest rate charged by HCD on the loan contract number(s) identified above pursuant to AB 2562, as codified by HSC section 50406.7(a). The undersigned syndicator and undersigned Tax Professional join the Applicant/Borrower in certifying the truthfulness of items 1 through 6 below. On behalf of the Applicant/Borrower identified in the signature block below, I hereby certify that:

- 1) The information, statements and financial projections are, to the best of my knowledge and belief, true and correct.
- 2) I possess the legal authority to submit this Application and Certification on behalf of the entity identified in the signature block below.
- 3) I understand that HCD may verify information provided and analyze materials submitted, as well as conduct its own investigation to evaluate the request.
- 4) I agree to indemnify, defend, and hold HCD, and its members, officials, agents, and employees, harmless from any matters arising out of or related to the interest rate reduction process, and agree that HCD shall have absolutely no liability of any kind or nature arising from Applicant/Borrower’s decision to apply for, and if approved obtain, an interest rate reduction on its HCD loan.
Applicant/Borrower acknowledges that in proceeding with an interest rate reduction, they are relying solely on the advice of their tax, legal, and financial professionals and not in any way on HCD.
- 5) I acknowledge that all information in this Application, and materials submitted to the Department in connection herewith, is public and may be subject to the Public Records Act or other disclosure. I understand that HCD may make such information public and consent to the same.
- 6) I declare under penalty of perjury that the information contained in the Application, exhibits, attachments, and any further or supplemental documentation is true and correct to the best of my knowledge and belief.

Applicant Representative Signature: _____ Date: _____

Printed Name: _____ Title: _____

Borrower Entity: _____

Syndicator Signature: _____ Date: _____

Printed Name: _____ Title: _____

Signature of Tax Professional: _____ Date: _____

Printed Name: _____ Title: _____

Professional Capacity: () Legal Practitioner () Accounting Practitioner

Professional License No.: _____ Expiration Date: _____

Name of Tax Professional's Firm: _____