



### Request for Volume Cap

Applications may be submitted until December 15. For applicants seeking Carryforward Allocation, this form serves as notice of intent. Email completed form to [program.manager@azfinanceauthority.com](mailto:program.manager@azfinanceauthority.com) with a copy of the project's inducement resolution or other official action taken by the issuer in connection with the project. Send \$1,000 application fee to 100 N. 15<sup>th</sup> Ave, Suite 103, Phoenix, Arizona 85007 (check payable to Arizona Finance Authority). *Applications will be considered received at the beginning of the day they were emailed so long as the application is in order, however, confirmations will not be issued until the application fee has been received.* This Request and the confirmation shown below are intended to comply with Section 146 of the Internal Revenue Code of 1986, as amended.

**Issuer:** \_\_\_\_\_ Date of Inducement Resolution or other official action: \_\_\_\_\_

**Issuer's EIN:** \_\_\_\_\_

**Applicant** (Issuer, Bond Counsel, or other Interested Party)

Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

**Project Name:** \_\_\_\_\_ Amount of Volume Cap Requested: \$ \_\_\_\_\_

Project Address: \_\_\_\_\_

Will the project include Urban Development Action Grant or Housing Development Grant financing? \_\_\_\_\_

Brief Project Description:

**If submitting this request by 3/31, complete this box.**

*Indicate the Volume Cap type needed:*

Mortgage Revenue Bonds and Mortgage Credit Certificates  
Urban city, as designated in A.R.S. §35-901 (24)  
Nonurban area, as designated in A.R.S. §35-901 (14)

Residential Rental                      Other  
Manufacturing                              Directors Discretion  
Student Loans

**4/1 to 12/15, complete this box.**

*Indicate the Volume Cap type needed:*

Current-Year Allocation  
Carryforward Allocation

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*To be completed by the Arizona Finance Authority*

Date and time Application was received: \_\_\_\_\_

Project ID: \_\_\_\_\_ Confirmed Allocation Amount: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AFA Program Manager (Signature): \_\_\_\_\_ Date: \_\_\_\_\_