

**CERTIFICATION  
REGARDING FINANCIAL SOLVENCY AND LITIGATION STATUS**

Property Name: \_\_\_\_\_ OID # : \_\_\_\_\_

This certification must be completed by each of the following:  
the Applicant, each Developer (if a different legal entity than the Applicant),  
each General Partner, each Managing Member<sup>1</sup>, each Company Member<sup>1</sup>, each  
Company Manager<sup>1</sup> and each party to a Joint Venture, if applicable.

I, the Undersigned, being first duly sworn, hereby represent and certify under penalties of perjury that the information contained in this statement, including any attachments hereto, is true, correct, and complete. I further certify that I have the requisite authority to execute this certification.

I am executing this certification as the:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Applicant                | <input type="checkbox"/> Developer      | <input type="checkbox"/> General Partner |
| <input type="checkbox"/> Managing Member          | <input type="checkbox"/> Company Member | <input type="checkbox"/> Company Manager |
| <input type="checkbox"/> Party to a Joint Venture | <input type="checkbox"/> Transferee     |  |

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type of entity (e.g., Limited Partnership, Limited Liability Company, corporation, individual)

\_\_\_\_\_  
State of incorporation or formation

\_\_\_\_\_  
If executed as a General Partner, Managing Member, Company Member, Company Manager or party to a Joint Venture, identify the Partnership, Limited Liability Company or Joint Venture

The above entity (check all that apply):

- has not filed a voluntary petition under federal or state bankruptcy laws.
- has not had a petition in bankruptcy filed against them that remained undismissed for ninety (90) days.
- has not made an assignment of all or a part of their assets for the benefit of a creditor.

<sup>1</sup> If the Applicant is a Limited Liability Company that has one or more Managing Members, provide the information requested for each Company Manager (including each Managing Member). If the Applicant is a Limited Liability Company that has no Managing Members, provide the information requested for each Company Member and any Company Manager.

- has not had a receiver or trustee appointed to administer all or a part of their assets.
- has not had all or a part of their assets seized by a judgment creditor.
- has not been a defendant in a foreclosure action or transferred an interest in real property by virtue of a deed in lieu of foreclosure.
- has no knowledge of any pending or threatened lawsuit(s) or claim(s) which have been raised against them.
- has not been considered to be in default in meeting federal, state or local requirements with regard to a low-income housing tax credit project in Washington or any other jurisdiction by a lender or financier, investor or federal, state or local governmental agency.
- has not been investigated, audited or examined by the Internal Revenue Service, Rural Housing Services (i.e., Farmers Home Administration) or U.S. Department of Housing and Urban Development.

For any of the above that you have not checked, attach an explanation describing the circumstances, resolution and current status.

I further agree that I will notify the Washington State Housing Finance Commission of any changes in the situation or circumstances of the entity identified above which alters any of the certifications contained herein.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of entity or individual submitting this certification

By (sign): \_\_\_\_\_

Its: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title:

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of \_\_\_\_\_,

residing at \_\_\_\_\_.

My commission expires \_\_\_\_\_.