(4) CERTIFICATION OF ABILITY TO CONTRIBUTE EQUITY TO THE PROJECT

PROJECT NAME:	TC or OID #
This certification must be completed by each party which is demonstr equity to: (check one or both, as applicable) use as part of the Project's permanent financing (i.e., th bridge financing or equity from Credit); and/or use the Credit itself and not syndicate the Project.	c ,
For the purposes of this certification, "Net Worth" means the differen assets at current fair market value, <u>excluding its interest in the Project</u>	•

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 t	he:	
Applicant/Owner	Developer	General Partner
Managing Member	Company Member	Company Manager
Party to a Joint Venture	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 Limited Partnership, Limited Liability Company or Joint Venture

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The amount of equity to be contr Project's permanent financing an	ibuted by the Undersigned as part of the d/or to use the Credit:	\$		
The Net Worth of the Undersigned:		\$		
The difference between the Net V contributed by the Undersigned (\$			
The Undersigned has a Net Worth equal to or in excess of the amount of equity which is to be contributed by it to the Project. The Undersigned will maintain such Net Worth until the equity is paid into the Project.				
I will notify the Washington State Housing Finance Commission of any financial changes in the Undersigned or the Project which alter any of the certifications contained herein.				
DATED this day	of ,			
Name of entity or individual submitting this certification				
By (sign):				
lts:				
Name (print):				
Title:				
SUBSCRIBED AND SWORN before me this day of ,				
	NOTARY PUBLIC in and for the State of	,		
	residing at	·		
	My commission expires	·		