(1) CERTIFICATION REGARDING FINANCIAL SOLVENCY AND LITIGATION STATUS

PROJECT NAME:		TC or OID #
This certification must be completed b the Applicant/Owner, each Dev each General Partner, each Ma Manager ¹ and each party to a Jo	veloper (if a different legal naging Member ¹ , each Co	mpany Member ¹ , each Company
I, the Undersigned, being first duly swo perjury that the information contained true, correct, and complete. I further of certification. I am executing this certification as the:	l in this statement, includi certify that I have the requ	ng any attachments hereto, is
 Applicant/Owner Managing Member Party to a Joint Venture 	Developer Company Member Transferee	 General Partner Company Manager
Name		
Type of entity (e.g., Limited Partnershi	p, Limited Liability Compa	ny, 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 <u>all</u> that apply):		

- has <u>not</u> filed a voluntary petition under federal or state bankruptcy laws.

has <u>not</u> had a petition in bankruptcy filed against them that remained undismissed for ninety (90) days.



has <u>not</u> made an assignment of all or a part of their assets for the benefit of a creditor.

¹ 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 <u>not</u> had a receiver or trustee appointed to administer all or a part of their assets.
has <u>not</u> had all or a part of their assets seized by a judgment creditor.
has <u>not</u> been a defendant in a foreclosure action or transferred an interest in real property by virtue of a deed in lieu of foreclosure.
has <u>no</u> knowledge of any pending or threatened lawsuit(s) or claim(s) which have been raised against them.
has <u>not</u> 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 <u>not</u> 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 <u>not</u> 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 subr	nitting 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	