

Special Needs Housing Lending Program

Assistance Provider Interest Rate Reduction Program Certification of Status

Servicer to complete this section:

AHFC #: _____
Borrower Name: _____
Property Address: _____
Anniversary Change Date: _____

The undersigned Borrower(s) understand if the below required documentation is not provided prior to the anniversary change date stated above, the interest rate will be adjusted to Market Interest Rate in effect at the time of the loan closing.

Borrower to complete this section:

Currently assisting _____ clients.
Attached is a copy of one of the following:
<input type="checkbox"/> Letter of good standing from the appropriate State of Alaska licensing division. <u>A Letter of Good Standing will be required every year a new/renewal license is not issued.</u>
<input type="checkbox"/> State of Alaska Assisted Living Home License.

<input type="checkbox"/> At this time, the minimum program requirements for an interest rate reduction cannot be met. Attached is my written request to allow one 60-day extension to meet the minimum program requirements.
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I/We hereby certify the information provided is true and our assisted living license is currently valid and has been for the previous year.

Dated this _____ day of _____, 20_____.

Borrower Signature

Borrower Signature