

[Insert Name of Eligible CDFI]

[Insert Bond Identifier]

CDFI Bond Guarantee Program
Certification of Secondary Loan Requirements for Committed Loans

I, [INSERT NAME OF AUTHORIZED REPRESENTATIVE], do hereby certify that I am the duly appointed [INSERT TITLE OF AUTHORIZED REPRESENTATIVE] of [INSERT NAME OF ELIGIBLE CDFI] (the Eligible CDFI).

As the Authorized Representative of the Eligible CDFI, I do hereby certify:

1. The proposed Secondary Loans to the Borrowers in Exhibit A are for the purpose of refinancing or financing the projects in Exhibit A (the Projects) and are being submitted to demonstrate the Eligible CDFI has executed Secondary Loan documents in accordance with the requirements of 12 C.F.R. 1808.307(b)(1).
2. The proposed Secondary Loans in Exhibit A:
 - Are for an Eligible Purpose as such term is defined in the CDFI Bond Guarantee Program regulations (12 CFR 1808) and in the Bond Loan Agreement between the Qualified Issuer (as lender) and the Eligible CDFI (as borrower).
 - Have received credit approval from Eligible CDFI's credit committee (or equivalent) pursuant to Eligible CDFI's loan policies and procedures, which loan policies and procedures were previously reviewed and approved by the CDFI Fund.
 - Will satisfy all conditions of said credit committee approval upon Secondary Loan funding and/or collateral assignment.
3. As of the date of this certification, the borrowers of the proposed Secondary Loans in Exhibit A have not experienced any material events that may adversely affect the credit quality of their respective loans.
4. The proposed Secondary Loans in Exhibit A satisfy in form and substance the applicable Secondary Loan Requirements.
5. The proposed Secondary Loans have closed or are under commitments to close prior to the Last Day for an Advance, as that term is defined in the Bond Loan Agreement.

By signing this Certification on behalf of the Eligible CDFI, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).

Name and Title: _____

Signature: _____

Date: _____

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PAPERWORK REDUCTION ACT BURDEN STATEMENT

OMB Control Number 1559-0044, Expiration date: 11/30/2021

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) Approval Number. Public reporting burden for this collection of information is estimated to average 5.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Community Development Financial Institutions Fund, 1500 Pennsylvania Avenue, Washington, D.C. 20220.