

**TAX CREDIT SUPPLEMENT**  
Sponsor Certification

Project Name: \_\_\_\_\_

I \_\_\_\_\_ (please print name) hereby certify that all funding sources and uses are included and are true and correct. Any changes will be reported to the Board throughout the development period (until 8609's is received).

This completed certification must be submitted with the application.

Changes will be submitted to MBOH on Uniform Application, Section C Financial Information within 30 days.

Changes must be sent to:

Mary Bair  
mbair@mt.gov  
Multifamily Program Manager  
Montana Board of Housing  
Po Box 500258  
Helena MT 59620

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date