

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