

**OHIO DEVELOPMENT SERVICES AGENCY
 NOTICE OF INTENT AND REQUEST FOR MULTI-FAMILY HOUSING SET-ASIDE
 ALLOCATION OF STATE CEILING UNDER 26 U.S.C. § 146 (2001)
 PURSUANT TO §§ 122-4-01 TO 122-4-08 OF THE OHIO ADMINISTRATIVE CODE**

IMPORTANT: Issuer must file two original signed copies of this form. Read rules 122-4-01 to 122-4-08 and any orders and instructions of the Director of Development carefully. The filing of a Notice of Intent too soon, for too large an amount, in incomplete form or without required enclosures, will prejudice the bond issue. Errors and omissions will invalidate the Notice of Intent.

DO NOT WRITE IN THIS SPACE

Date Received _____
 Confirmation No. _____
 Confirmation Date _____
 Application Fee No Yes
 Deposit Amount _____

1. Name of Borrower & FEIN Number

2. Project Location

Project Owner

Issuer

Bond Counsel

Name: _____ Address & Zip Code: _____
 Telephone/Email: _____
 (Include local jurisdiction & county of project location)

3. Total fixed asset investment of proposed project

\$ _____

4. Amount of Request:

\$ _____

5. Applicable IRC Section (check one or more)

- 142(a) (7) – multifamily housing projects
- 142(a) (____) – note one or more paragraphs for type of exempt facility project
- 143(a) – mortgage revenue bond projects
- 144 (____) – note subsection (a), (b)(1)(A) or (B), or (c) for QSI project
- 147(c)(2)
- Other: _____

a) If bonds are to be issued under IRC § 142(a)(6), will the facilities be owned, for federal tax purposes, by or on behalf of a governmental unit?

No Yes

16. Is any part of the requested Confirmation intended to refund a prior issue?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, state the outstanding amount of bonds being refunded): <p style="text-align: center;">\$ _____</p>
17. Has the lender, underwriter, credit enhancer or trustee required a site survey, environmental survey, or title insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate whether the survey been made or title insurance commitment issued): <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">If the survey has not been made or title insurance commitment has not been issued, indicate the date expected: _____</p>
18. Will the project require financing other than the bonds?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate with whom the financing has been arranged and the amount): <p style="text-align: center;">_____</p> <p style="text-align: center;">\$ _____</p>
Return confirmation to: (check one)	<input type="checkbox"/> Project owner <input type="checkbox"/> Issuer <input type="checkbox"/> Bond Counsel

By: _____
(Signature of Authorized Officer of Borrower)

By: _____
(Signature of Issuer)

Name: _____
(Printed)

Name: _____
(Printed)

Title: _____

Title: _____

Date: _____

Date: _____

Applications may be submitted via personal delivery or U.S. mail.

MAIL APPLICATION TO:

HAND DELIVER APPLICATION TO:

OHIO DEVELOPMENT SERVICES AGENCY
OFFICE OF STRATEGIC BUSINESS INVESTMENTS
77 S. HIGH STREET, 28TH FLOOR
COLUMBUS, OHIO 43215
ATTN: VOLUME CAP PROGRAM MANAGER

OHIO DEVELOPMENT SERVICES AGENCY
OFFICE OF STRATEGIC BUSINESS INVESTMENTS
77 S. HIGH STREET, 28TH FLOOR
COLUMBUS, OHIO 43215
ATTN: VOLUME CAP PROGRAM MANAGER

Note: The Ohio Development Services Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in Ohio Administrative Code Rules 122-4-01 to 122-4-08. Disclosure of this information is required. Failure to provide information will result in this form not being processed.