



PAYMENT APPLICATION

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|--|--|--|----|--|--|----|--|-------------------------|----|--|
| Client Name _____ Street _____ City _____ State _____ Zip _____ Telephone Number _____ Bond Issue Date _____ Person Completing (Print or Type) _____ Date _____ Telephone Number of Person Completing the Form _____ Ext. _____ | Date of Application _____ Trust Account # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">TOTAL DISBURSED TO DATE (Refer to Last Application)</td> <td style="width:5%;">\$</td> <td style="width:25%;"></td> </tr> <tr> <td>AMOUNT OF THIS APPLICATION (Summarized Below)</td> <td>\$</td> <td></td> </tr> <tr> <td>TOTAL REQUESTED TO DATE</td> <td>\$</td> <td></td> </tr> </table> <p>Application is made for payment as shown below, which is in accordance with "Use of Proceeds" of the Trust Indenture and Prospectus for this Bond Issue.</p> <p>The undersigned certifies that the work herein has been completed in accordance with the Contract Documents, that all amounts have been paid for items for which previous Certificates for payment were issued and received, and that the current payment is now due.</p> | TOTAL DISBURSED TO DATE (Refer to Last Application) | \$ | | AMOUNT OF THIS APPLICATION (Summarized Below) | \$ | | TOTAL REQUESTED TO DATE | \$ | |
| TOTAL DISBURSED TO DATE (Refer to Last Application) | \$ | | | | | | | | | |
| AMOUNT OF THIS APPLICATION (Summarized Below) | \$ | | | | | | | | | |
| TOTAL REQUESTED TO DATE | \$ | | | | | | | | | |

| | | |
|-----------------------|-------------------|------------------------|
| Date Request Received | Review / Approval | Date Request Processed |
|-----------------------|-------------------|------------------------|

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|---------------------|---------|----------|---|-----------|
| TMI USE ONLY | | | NOTICE: Copies of invoices, bills and receipts should be attached hereto for each request. Amounts on supporting documents must be circled, highlighted, and approved by an authorized person with the Issuer, and be in accordance with the "Use of Proceeds" and any Minimum Escrow amount or State Securities Requirements must be complied with prior to any distributions from Escrow. No requests will be issued against uncollected funds. | |
| Budget Code | Fund ID | P/S No # | A. BRIEF DESCRIPTION OF WORK AND NAME OF VENDOR/PAYEE (OR INVOICED BY) | B. |
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|--|---|----------------------|---|------------------------------------|----|
| IF CONSTRUCTION % COMPLETED WITH THIS APPLICATION | % | % FUNDS REMAINING | % | TOTAL AMOUNT REQUESTED FOR PAYMENT | \$ |
|--|---|----------------------|---|------------------------------------|----|

PLEASE INCLUDE MAILING INSTRUCTIONS BELOW

MAIL CHECK VIA: (please check one) FedEx (additional fee applies) **OR** Regular Mail (no additional fee)
 MAIL CHECK TO: (please check one) Recipient **OR** Issuer

IF WIRE: Please provide wiring instructions below:
 Account Name: _____ City, State: _____
 ABA Number: _____ Account Number: _____

AFFIDAVIT OF COMPLIANCE WITH TRUST INDENTURE

STATE OF _____ }
 COUNTY OF _____ }

On this day personally appeared _____, _____, as an authorized representative of _____, who, upon his/her oath states that the following statement is true and correct:

No funds and/or offerings pledged or designated for the Project have been expended for any purposes other than construction of the Project. The balance of available cash in the Building Fund Account as of _____, 2014 is \$ _____.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____, 20____. _____ (Signature and Title)