**AFFIDAVIT**

This Affidavit is given in support of the request by the undersigned (“Donor”) for issuance by New Mexico Mortgage Finance Authority (“MFA”) of an Investment Voucher pursuant to the New Mexico Affordable Housing Tax Credit Program which was created by enactment of the Affordable Housing Tax Credit Act.

Donor has applied for the issuance of an Investment Voucher in the amount of $\_\_\_\_\_\_\_\_\_ for the donation of the following described services to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of State Tax Credit allocation recipient).

Describe services in detail, including amount of time spent:

Donor swears and affirms that:

1. The type of services for which the Donor requests an Investment Voucher are the same as those rendered by Donor in the ordinary course of Donor’s business or profession.
2. The amount of the requested Investment Voucher does not exceed the fair value of the services donated.
3. The value of the services donated does not exceed the amount Donor charges for similar services to the general public in the ordinary course of Donor’s business.

Donor acknowledges that MFA is relying on Donor’s affidavit in issuing an Investment Voucher to Donor as requested. False or misleading statements or information contained in the Affidavit or any application for Investment Vouchers may result in both civil and criminal actions.

Executed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20)\_\_\_\_.

Name of Donor

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NM Tax I.D. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal EIN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT**

STATE OF )

 ) ss.

COUNTY OF )

The foregoing instrument was duly acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_