

FORM C - SPONSOR STATEMENT OF FINANCIAL CAPABILITY

The following information is supplied for the official and confidential use of the Housing Authority of Clackamas County (HACC) and its Agents for the sole purpose of evaluating financial assistance applications.

1. Sponsor Information:

- a. Name of Sponsor: _____
- b. Address of Sponsor: _____

- c. Sponsor's Federal Taxpayer Identification Number: _____

2. Contact Information:

Please provide the name of Sponsor's representative to contact regarding information contained in this statement:

- a. Name of Sponsor's Representative: _____
- b. Phone Number of Sponsor's Representative: _____

3.

- a. The financial condition of the Sponsors, as of _____, 20__, is reflected in the attached Certified Financial Statement showing assets and liabilities, including contingent liabilities, fully itemized in accordance with generally accepted accounting principles and based on a proper audit.
[Note: If the attached financial statement is not current (within 90 days) or has not been audited, additional information may be required at a later time.]
- b. Name of auditor or public accountant who performed the audit on which said financial statement is based:

Auditor Name: _____

4. Name and address of bank and financial institution references:

Bank Name: _____
Address: _____

References: _____

5. Has the Sponsor or parent corporation, or any subsidiary or affiliated corporation, if any, or the Sponsor or said parent corporation, or any of the Sponsor's officers or principal members, shareholders or investors, or other interested parties been adjudged bankrupt, either voluntary or involuntary, within the past 10 years?

Yes No

6. Has the Sponsor or anyone referred to in item 5 above been indicted for or convicted of any felony within the past 10 years?

Yes No

If yes, give for each case (a) date; (b) charge; (c) place; (d) court; and (e) action taken. Attach any explanation deemed necessary.

Certification

I (We)* _____, certify that this *Statement of Financial Capability* and the attached evidence of the Sponsor's financial responsibility including financial statements are true and correct to the best of my (our) knowledge and belief; and authorize the Housing Authority of Clackamas County to verify this and related credit information.

_____	_____
Date	Date
_____	_____
Signature	Signature
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
_____	_____

*If the Sponsor is a corporation, this statement should be signed by the President and the Secretary of the corporation; if an individual, by such an individual; is a partnership, by one of the partners; if an entity not having a president or secretary, by one of its chief officers having knowledge of the financial status and qualifications of the Sponsor.