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**New Markets Tax Credit (NMTC)
Certificate of Compliance**

(Submit within 30 days after close of financing)

NMTC Development: _____

Development Address(es): _____

City/Village/Town: _____

County: _____

Qualified Active Low Income Community Business (QALICB):

The undersigned hereby declares and affirms that he/she is a duly authorized representative of above-named NMTC Qualified Active Low Income Community Business (QALICB) and has personally received and read the WHEDA Community Benefits Agreement, Exhibit A.

The undersigned hereby acknowledges that the Emerging Business Participation goal is ____ % based on the development's county and NMTC application construction hard costs.

The undersigned hereby acknowledges that the Workforce Development Program goal is **12** area residents.

The undersigned acknowledges, understands, and agrees to submit a NMTC Outreach Plan for the Emerging Business and Workforce Development Programs within **30** days after the close of financing.

The undersigned acknowledges, understands and agrees to submit the forms required to verify compliance with the both the Emerging Business and Workforce Development Programs.

The undersigned also states that the above information is true and correct to the best of his/her knowledge.

QALICB Authorized Signor: _____

Printed Name & Title: _____

Date: _____