Texas Office
101 Summit Avenue #510
Fort Worth, TX 76102

Atlanta Office
5901 Peachtree Dunwoody Rd #C495
Atlanta, GA 30328

PAYMENT APPLICATION

Client Name

Street

City State Zip

Telephone Number Bond Issue Date

Person Completing (Print or Type) Date

Ext.

Telephone Number of Person Completing the Form

Date of Application Trust Account #

TOTAL DISBURSED TO DATE (Refer to Last Application)	$	
AMOUNT OF THIS APPLICATION (Summarized Below)	$	
TOTAL REQUESTED TO DATE	$	

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.

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.

Date Request Received | Review / Approval | Date Request Processed

AITC 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.**

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 _____, 20____ is $_____.

_____
(Signature and Title)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____, 20____.

_____ Notary Public in and for the State of _____ (Seal)