**Certification Regarding Material Changes to the Qualified Issuer Application**

**Organization Name:** ________________________________

**EIN #:** ________________________________

**Certification Control # (if available):** ________________________________

**Instructions:** This form is to be used by Applicants (including Qualified Issuers, proposed Program Administrators, Servicers, and Eligible CDFIs) to report potential Material Changes to Qualified Issuer Applications to the CDFI Fund.

**Definition:** A Material Change to the Qualified Issuer Application is an occurrence that affects an organization’s strategic direction, mission, or business operation, its status as a certified Community Development Financial Institution (CDFI) if applicable, and/or its submitted Qualified Issuer Application, including previously submitted Assurances and Certifications.

**Please check the appropriate box for the reporting entity as of the date this form is signed:**

- [ ] I certify that no Material Change(s) has occurred in the reporting entity since the date of its most recent Qualified Issuer Application.

- [ ] A Material Change(s) has (have) occurred in the above-named organization. I certify that the event(s) listed below constitute all of such Material Changes (attach additional pages if needed).

**Explanation of Material Changes**

Please provide a narrative explanation regarding the Material Change affecting the organization including, a timeline and the name and contact information of key people involved in the action.

<table>
<thead>
<tr>
<th>Date of Material Change(s):</th>
<th>Explanation of Material Change(s):</th>
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</table>

To the best of my knowledge and belief, all information contained in this certification statement is true and correct. My signature also indicates authorization on behalf of the organization’s governing body.

______________________________
Signature of Authorized Representative

______________________________
Printed Name:

______________________________
Title:

______________________________
Date:

**OMB Control Number:** 1559-0044

**Expiration Date:** 02/28/2025