MODEL FINAL COST CERTIFICATION LETTER

Independent Auditors’ Report

Owner’s Name: ____________

Project Name: ____________

Project Number: TCAA # __-____.

We have audited the costs included in the accompanying Tax Credit Allocation Agency (“TCAA”) Final Cost Certification (the “Final Cost Certification”) of XXXX (the “Owner”) for XXXX (“the Project”) as of ________ __, 20___. The Final Cost Certification is the responsibility of the Owner and the Owner’s management. Our responsibility is to express an opinion on the Final Cost Certification based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Final Cost Certification is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Final Cost Certification. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall Final Cost Certification presentation. We believe that our audit provides a reasonable basis for our opinion.

The accompanying Final Cost Certification was prepared in conformity with the accounting practices prescribed by the Internal Revenue Service, under the accrual method of accounting, and in conformity with the format and qualified allocation plan rules set by TCAA, which is a comprehensive basis of accounting other than generally accepted accounting principles.

In our opinion, the Final Cost Certification presents fairly, in all material respects, the actual costs of $________ and eligible basis of $________ of the Owner for the Project as of ________ __, 20___, on the basis of accounting described above.

This report is intended solely for the information and use of the Owner and the Owner’s management and for filing with TCAA and should not be used for any other purpose.

We have no financial interest in the Project other than in the practice of our profession.

City, State
__________ __, 20__