

**Arkansas Development Finance Authority  
Single Family Mortgage Revenue Bond Program**

**Request For Recapture Tax Reimbursement**

The undersigned borrower hereby request reimbursement for the amount of Recapture Tax I/we paid following the sale or disposition of our home. We purchased our home with a mortgage loan through the Single Family Mortgage Revenue Bond Program of the Arkansas Development Finance Authority (ADFA).

Certain information relating to our ADFA financed mortgage loan is as follows:

Name(s) of Borrower(s): \_\_\_\_\_

Address of Property: \_\_\_\_\_

ADFA Mortgage Loan Closing Date: \_\_\_\_\_

Date Home Was Sold By Borrower(s): \_\_\_\_\_

Sale Price of Home: \_\_\_\_\_

Amount of Recapture Tax Paid By Borrower(s): \_\_\_\_\_

As part of our request for reimbursement, we make the following statements, representations and warranties:

1. The recapture tax reported to the U.S. Treasury was calculated by us, either alone or with the assistance of our tax advisor or the Internal Revenue Service. We have neither requested nor relied on ADFA to calculate the recapture tax nor has ADFA made any such calculations on our behalf. We acknowledge that ADFA will not calculate the amount of our recapture tax and has no obligation or responsibility to verify the accuracy of our calculations.
2. We have not previously requested ADFA to reimburse us for any recapture tax with respect to the home described above. We will not submit another reimbursement request regarding this home for any reason, including, but not limited to, the payment of additional recapture tax because of any miscalculation.
3. We understand that ADFA will reimburse us only for the amount of the recapture tax we report and pay to the U.S. Treasury on IRS Form 8828 and that ADFA will not reimburse for any fees, interest, expenses or penalties incurred in connection with the recapture tax. Reimbursements will be paid twice a year in January and July. This request for reimbursement is being made not later than June 1<sup>st</sup> of the year following the calendar year in which we paid our recapture tax.
4. The information contained in our tax return for the calendar year in which our home was sold was true and correct as of the date such return was filed with

5. the Internal Revenue Service. Such information, together with the information included in this request for reimbursement of our recapture tax and in any other document or item requested by ADFA , is or will be correct as of the date submitted to ADFA.
6. We acknowledge that ADFA's reimbursement of our recapture tax may constitute income to us for federal and/or state income tax purposes, and that we may have to pay taxes on this additional income. ADFA or its designated representative will provide us an IRS Form 1099 showing the amount of the recapture tax reimbursement. We further acknowledge that ADFA will not provide us with additional moneys to pay such taxes. If we have questions regarding the treatment of the reimbursement for tax purposes, we will check with our tax advisor or the Internal Revenue Service.
7. ADFA will not reimburse for an amount exceeding the actual amount of recapture tax owed.
8. We have attached to this request for reimbursement of our Recapture Tax the following:
  - A copy of our signed federal tax return, including a completed IRS Form 8828 for the year in which the home was sold or otherwise disposed of;
  - A copy of the signed HUD-1 Settlement Statement issued in connection with the disposition of the home;
  - An original signed IRS Form 4506 completed by each person listed as a borrower under the mortgage loan documents, permitting ADFA to obtain a copy of each Borrower's federal tax return. ADFA will pay any fees associated with obtaining your tax return from the IRS.
  - A photocopy of the front and back of the check used to pay the tax that included the recapture tax amount.

We understand that ADFA may need additional documentation to approve our request for reimbursement, and we will provide such documentation promptly upon request.

\_\_\_\_\_  
(Borrower)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Borrower)

\_\_\_\_\_  
(Date)

Send completed request to: Arkansas Development Finance Authority,  
Attn: Single Family Manager, 900 West Capitol, Suite 310, Little Rock, AR  
72201

10/26/12