

# RURAL FUND EXIT APPLICATION

## **GENERAL INFORMATION**

1. NAME OF RURAL FUND:

2. CONTACT NAME:

3. CONTACT TITLE:

4. PHONE NUMBER:

5. EMAIL ADDRESS:

6. FEIN:

7. RURAL FUND CERTIFICATION DATE:

8. LIST THE NAMES OF ALL THE ELIGIBLE BUSINESSES TO WHICH THE RURAL FUND MADE AN ELIGIBLE INVESTMENT:  
(include: date of investment, industry sector, amount of investment, when investment was sold or repaid, amount received from repayment)

9. LIST THE TOTAL ELIGIBLE INVESTMENTS DEPLOYED IN FLORIDA: \$\_\_\_\_\_

10. LIST THE TOTAL CUMULATIVE NEW FULL-TIME JOBS CREATED IN FLORIDA: \_\_\_\_\_

- A. Name the eligible business(es) and amount of eligible investment(s) provided to the eligible business(es)  
i. \_\_\_\_\_(insert eligible business name)      ii. \_\_\_\_\_(insert amount of eligible investment)
- B. List the total new full-time jobs created in Florida for each eligible business. Provide a copy of the payroll records for the new full-time jobs listed below.  
i. \_\_\_\_\_(insert eligible business name)      ii. \_\_\_\_\_(insert total for new full-time jobs created)

11. LIST THE TOTAL CUMULATIVE FULL-TIME JOBS RETAINED IN FLORIDA: \_\_\_\_\_

- A. Name the eligible business(es) and amount of eligible investment(s) provided to the eligible business(es)  
i. \_\_\_\_\_(insert eligible business name)      ii. \_\_\_\_\_(insert amount of eligible investment)
- B. List the total full-time jobs retained in Florida for each eligible business. Provide a copy of the payroll records for the retained full-time jobs listed below.  
i. \_\_\_\_\_(insert eligible business name)      ii. \_\_\_\_\_(insert total for full-time jobs retained)

9. LIST ANY DISTRIBUTIONS OR PAYMENTS MADE FROM THE RURAL FUND TO ANY INVESTORS, PARTNERS, AND/OR AFFILIATES:

**RURAL FUND AFFIDAVIT**

The undersigned, being duly sworn, deposes and says:

1. I am the \_\_\_\_\_ of \_\_\_\_\_ Rural Fund  
Name (the "Fund")
2. The Fund in which eligible investments were made has invested 100% of its corresponding investment authority in eligible businesses in this state within six years of the Fund's credit certification date, and the undersigned certifies that the information contained in the Exit Application is true, correct, and complete as of the date hereof.
3. The Fund has invested at least 70% of its investment authority in rural communities in this state.
4. The Fund has maintained eligible investments equal to 100% of its investment authority until the sixth anniversary of the Fund's credit certification date.
5. The Fund has not made any distributions or payments which would result in the Fund having less than 100% of its investment authority invested in eligible business.
6. The Fund has not invested in an eligible business that directly, or indirectly through an affiliate, owns, has the right to acquire an ownership interest in, makes a loan to, or makes an investment in the Fund of an affiliate of the Fund or an investor in the Fund.
7. The Fund has not submitted false or misleading information in its reports required by section 288.062, F.S., and rule 73A-7.008.
8. The Fund has submitted all required reports pursuant to section 288.062, F.S., and rule 73A-7.008, F.A.C.
9. This Affidavit has been given by the undersigned, individually and on behalf of the Fund, to the Department of Commerce for the purpose of inducing the Department of Commerce to approve the Fund's exit from the Rural Community Investment Program, and the undersigned expressly recognizes and acknowledges that this Affidavit is being relied on by the state in connection with tax credit awards.
10. Under penalties of perjury, I declare that the information contained in this Affidavit, Exit Application, and any accompanying documentation is, to the best of my knowledge, true, correct and complete as of the date hereof.

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Signature

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Name of Signatory

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SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY of \_\_\_\_\_, 20 \_\_\_\_.

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Notary Public

MY COMMISSION EXPIRES:

Rural Fund Exit Application  
FORM COM-73-008

Effective xx/2026

Rule 73A-7.007 F.A.C.