**CITY SIGNATURE AND INCUMBENCY CERTIFICATE**

$[Issuance Amount]
City and County of San Francisco
Multifamily Housing Revenue [Bonds/Notes]
([Project Name])
Series [Year][Series Letter]

We, the undersigned officers of the City and County of San Francisco (the “City”), hereby certify as of the date written above, that, at all times since [Date it the earliest of: First Closing Document Signed, the date the Bond documents are effective as of, or the date of the Mayor’s signature on the resolution] we have been the duly qualified and acting Mayor of the City, Director of the Mayor’s Office of Housing and Community Development, and Deputy Director—Housing of the Mayor’s Office of Housing and Community Development, respectively, and further certify with respect to the bonds captioned above (the “Bonds”), as follows:

1. The Mayor, the Director of the Mayor’s Office of Housing and Community Development and the Deputy Director — Housing of the Mayor’s Office of Housing and Community Development, set forth below, have been duly authorized to act on behalf of the City, and each of them has been designated as an Authorized Representative of the City, as such term is defined in the [Trust Indenture/Funding Loan Agreement], dated as of [Date] (the “[Indenture/Loan Agreement]”), by and between the City and [Trustee/Fiscal Agent Name], as [trustee/fiscal agent] [, and [Borrower Name] (the “[Trustee/Fiscal Agent]”). Each such person shall serve as an Authorized Representative until such time as his or her successor shall have been appointed and a written certificate designating his or her successor shall have been delivered to the City and the Trustee.
2. Each of the undersigned, by his or her execution hereof, certifies that the signature appearing opposite each name below is the genuine signature of such person.
3. On behalf of the City, the Mayor has executed by manual signature the Bonds and delivered the same to the Trustee for authentication.

**Name Official Title Signature**

1. [Mayor Name] Mayor
2. [Director Name] Director

Mayor’s Office of Housing and

Community Development

1. [Deputy Name] Deputy Director—Housing,

Mayor’s Office of
Housing and Community

Development

 [Signature page to Signature and Incumbency Certificate]

IN WITNESS WHEREOF, each of the below have hereunto set forth their hand as of the date first written above.

CITY AND COUNTY OF SAN FRANCISCO

By

[Mayor Name]
Mayor

By

[Director Name]

Director, Mayor’s Office of Housing

and Community Development