

Revenue Bond Review

(Not for use with other Municipal Securities)

Institution: _____ FHFA ID# _____

CUSIP:

ISSUER:

Required Documentation: The security description pages from a financial data provider or the following pages from the prospectus must be attached to the completed Revenue Bond Review:

- Title page
- Table of contents
- Pages describing the issuer's authority, mission and use of funds
- Any other pertinent pages describing the use of proceeds
- If the bond submitted is refunding other bonds (in whole or partially), provide a completed **Revenue Bond Review form** for each refunded bond

A) Bond Rating

a. Is the bond currently rated at least AA by Moody's, S&P or Fitch*?

Moody's rating: _____

S&P rating: _____

Fitch rating: _____

*Must be rated AA by at least one of the NRSROs to be considered eligible collateral.

B) Use of Proceeds

In the following pages complete only one section, the 1) Revenue Bond or 2) Housing Revenue Bond page depending on the type of bond being pledged.

1) Revenue Bond

a. Is the issuer a state or municipal government or political subdivision domiciled in the United States?

YES

NO (ineligible collateral)

b. Use of the Proceeds (Select all uses of the proceeds that apply, whether full or partial)

Essential Service	Dollars allocated (\$)	Includes Non Real Estate use? (Y/N)	Non Real Estate Dollars (\$)
Water and sewer			
Public Power Electric utilities			
Transportation			
Education			
Hospital and health care			
Other (specify):			
SUBTOTAL			
Costs Associated with issuance of the Bond			
TOTAL (must match original issuance amount including premiums or other adjustments)			

Provide the verifying source and page number (include attachments):

2) Housing Revenue Bond

a. Is the issuer a Housing Finance Agency (As defined in 'Municipal Security Collateral Eligibility Requirements')?

YES

NO (ineligible collateral)

b. Use of the Proceeds (Select all uses of the proceeds that apply, whether full or partial)

Low- and moderate-income Housing

Section 8 Housing

Down Payment Assistance

Other (specify): _____

Provide the verifying source and page number (include attachments):
