FINANCIAL STATUS REPORT
(Short Form)
(Follow Instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page 1 of 1
DENALI COMMISSION	#176-05	0348-0039	

3. Recipient Organization (Name and complete address, including ZIP code)
ALASKA HOUSING FINANCE CORPORATION
P.O. BOX 101020
ANCHORAGE, ALASKA 99510

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92-0047291	660	☐ Yes ☒ No	☐ Cash ☐ x Accrual

8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
3/1/2005	9/30/2006	3/1/2005	12/31/2005

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$0.00	$0.00	$0.00
b. Recipient share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$0.00	$0.00	$0.00
d. Total unliquidated obligations			$1,014,220.85
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$1,014,220.85
g. Total Federal share (Sum of lines c and f)			$1,014,220.85
h. Total Federal funds authorized for this funding period			$3,027,998.00
i. Unobligated balance of Federal funds (Line h minus line g)			$2,013,777.15

11. Indirect Expense	a. Type of Rate (Place "X" in Appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate N/A	c. Base	d. Total Amount	e. Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.
See attached narrative report.

13. **Certifications: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
EDWIN CHAN, CONTROLLER	(907) 338-6100
Signature of Authorized Certifying Official	**Date Report Submitted**
E. Chan	1/19/06

NSN 7540-01-218-4387 269-201 Standard for 269(REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

Period covered by this report should be 10/1/05-12/31/05. Since previously reported #s & this periods # are correct. This report is accepted despite incorrect reporting period. JKP

ACCEPTED