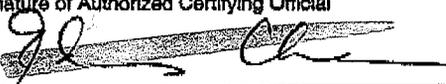


**FINANCIAL STATUS REPORT
(Short Form)
(Follow Instructions on the back)**

1. Federal Agency and Organizational Element It is Submitted DENALI COMMISSION		2. Federal Grant or Other Identifying Number Assigned By Federal Agency #197-05-G		OMB Approval No. 0348-0039	Page 1 of 1
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 92-0047291		5. Recipient Account Number or Identifying Number 881		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 9/1/2005		9. Period Covered by this Report To: (Month, Day, Year) 9/30/2007		From: (Month, Day, Year) 9/1/2005	
To: (Month, Day, Year) 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					\$11,615.26
e. Recipient share of unliquidated obligations					\$0.00
f. Federal share of unliquidated obligations					\$11,615.26
g. Total Federal share (Sum of lines c and f)					\$11,615.26
h. Total Federal funds authorized for this funding period					\$8,060,818.00
i. Unobligated balance of Federal funds (Line h minus line g)					\$8,049,202.74
11. Indirect Expense					
a. Type of Rate (Place "X" in Appropriate box)					
<input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
N/A				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <p align="center">See attached narrative report.</p>					
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.					
14. Typed or Printed Name and Title EDWIN CHAN, CONTROLLER			15. Telephone (Area code, number and extension) (907) 338-6100		
16. Signature of Authorized Certifying Official 			17. Date Report Submitted 1/19/06		

NSN 7540-01-218-4387

259 - 201

Standard for 269 (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

ACCEPTED

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

JEP