



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

1. Federal Agency and Organizational Element Submitted DENALI COMMISSION	2. Federal Grant or Other Identifying Number Assigned By Federal Agency #176-05	OMB Approval No. 0348-0039	Page 1 of 1
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Recipient Organization (Name and complete address, including ZIP code)
**ALASKA HOUSING FINANCE CORPORATION
P.O. BOX 101020
ANCHORAGE, ALASKA 99510**

Employer Identification Number 92-0047291	5. Recipient Account Number or Identifying Number 660	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> x Accrual
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Funding/Grant Period (See instructions) From: (Month, Day, Year) 3/1/2005	To: (Month, Day, Year) 6/30/2007	9. Period Covered by this Report From: (Month, Day, Year) 7/1/2006	To: (Month, Day, Year) 9/30/2006
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Transactions:	I	II	III
	Previously Reported	This Period	Cumulative
a. Total outlays	\$1,613,585.66	\$0.00	\$1,613,585.66
b. Recipient share of outlays	\$0.00	\$0.00	\$0.00
c. Federal share of outlays	\$1,613,585.66	\$0.00	\$1,613,585.66
d. Total unliquidated obligations			\$129,753.95
e. Recipient share of unliquidated obligations			\$0.00
f. Federal share of unliquidated obligations			\$129,753.95
g. Total Federal share (Sum of lines c and f)			\$1,743,339.61
h. Total Federal funds authorized for this funding period			\$3,027,998.00
i. Unobligated balance of Federal funds (Line h minus line g)			\$1,284,658.39

1. Indirect Expense	a. Type of Rate (Place "X" in Appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
b. Rate N/A	c. Base	d. Total Amount	e. Federal Share	

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

3. 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 EDWIN CHAN, CONTROLLER	Telephone (Area code, number and extension) (907) 338-6100
Signature of Authorized Certifying Official 	Date Report Submitted 11/4/06

ACCEPTED