

**APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT**

The Applicant certifies that the proposed Development can be completed and operating within the development schedule and budget submitted to the Corporation.

The Applicant acknowledges that the Corporation may conduct its own independent review, analysis and verification of all information contained in this Application and that any funding preliminarily secured by the Applicant is expressly conditioned upon such verification, the successful completion of credit underwriting, all necessary approvals by the Board of Directors, Corporation legal counsel, Bond Counsel, if applicable, the Credit Underwriter, and Corporation Staff.

If preliminary funding is approved, the Applicant will promptly furnish such other supporting information, documents, and fees as may be requested or required. The Applicant understands and agrees that the Corporation is not responsible for actions taken by the undersigned in reliance on a preliminary commitment by the Corporation. The Applicant commits that no qualified residents will be refused occupancy because they have Section 8 vouchers or certificates. The Applicant further commits to actively seek tenants from public housing waiting lists.

The Applicant and all Financial Beneficiaries have read all applicable Corporation rules governing this Application and have read the Instructions for completing this Application and will abide by the applicable Florida Statutes and administrative rules, including, but not limited to, Rule Chapters 67-21 and/or 67-48, Florida Administrative Code. If applying for the HC Program, the Applicant and all Financial Beneficiaries have read, understand and will comply with section 42 of the Internal Revenue Code, as amended, and all related federal regulations. If applying for the HOME Program, the Applicant and all Financial Beneficiaries have read, understand and will comply with 24 CFR Part 92, as amended, and all related federal regulations.

In consideration for the Corporation processing and scoring this Application, the Applicant and all Financial Beneficiaries understand and agree that the Corporation shall hear appeals only pursuant to Rules 67-21.0035 and 67-48.005, F.A.C.

If applying for HC, the undersigned understands and agrees that in the event that the Applicant is invited into credit underwriting, the Applicant must submit IRS Forms 8821 for all Financial Beneficiaries in order to obtain a recommendation for a Housing Credit Allocation.

The undersigned is authorized to bind all Financial Beneficiaries to this certification and warranty of truthfulness and completeness of the Application.

Under the penalties of perjury, I declare and certify that I have read the foregoing and that the information is true, correct and complete.

_____ Signature of Applicant	_____ Date (mm/dd/yyyy)	_____ Signature of Witness	_____ Date (mm/dd/yyyy)
_____ Name (typed or printed)		_____ Name (typed or printed)	
_____ Title (typed or printed)			

Applications without original signatures on the Applicant Certification and Acknowledgement Form contained in the Application labeled "Original Hard Copy" will fail to meet threshold and will be rejected automatically. Signatures in blue ink are preferred. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**DEVELOPER OR PRINCIPAL OF DEVELOPER  
CERTIFICATION**

Name of Development: \_\_\_\_\_

Name of Developer: \_\_\_\_\_

Name of principal of Developer, if applicable: \_\_\_\_\_

Address of Developer: \_\_\_\_\_

\_\_\_\_\_

Telephone No. of Developer: \_\_\_\_\_

Fax No. of Developer: \_\_\_\_\_

E-Mail Address (if available): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

As the Developer or principal of the Developer of the referenced Development, I certify that I have the requisite skills, experience and credit worthiness to successfully produce the units proposed by this Application. I further certify that the design, plans, and specifications for the proposed Development will comply with all federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973, and Titles II and III of the Americans with Disabilities Act of 1990 as implemented by 28 CFR 35, incorporating the most recent amendments and other legislation, regulations, rules, and other related requirements which apply or could apply to the proposed Development. I have developed and completed; i.e., the certificate of occupancy has been issued for at least one building, at least two affordable rental housing developments, at least one of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application, as evidenced by the prior experience chart provided in this Application. I understand I am the Developer or principal of the Developer of record for this Development and that, if funded by the Corporation, I will remain in this capacity until the Development has been completed. I certify that neither the Developer, Applicant, any Principal or Financial Beneficiary has any existing Developments participating in Corporation programs that remain in non-compliance with the IRC, applicable rule chapter, or applicable loan documents and for which any applicable cure period granted for correcting such non-compliance has ended. I further certify that the information provided within this Application is true and correct.

\_\_\_\_\_  
Signature of Developer or principal of Developer      Date (mm/dd/yyyy)      Print or Type Name of Signatory

\_\_\_\_\_  
Witness to Developer's or principal of Developer's Signature      Date (mm/dd/yyyy)      Print or Type Name of Signatory

**APPLICANT'S CERTIFICATION**

I certify that the Developer identified above will serve as the Developer of the proposed Development.

\_\_\_\_\_  
Applicant's Signature      Date (mm/dd/yyyy)      Print or Type Name of Signatory

\_\_\_\_\_  
Witness to Applicant's Signature      Date (mm/dd/yyyy)      Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**MANAGEMENT AGENT OR PRINCIPAL OF MANAGEMENT AGENT  
CERTIFICATION**

Name of Development: \_\_\_\_\_

Name of Management Agent: \_\_\_\_\_

Name of principal of Management Agent, if applicable: \_\_\_\_\_

Address of Management Agent: \_\_\_\_\_

\_\_\_\_\_

Telephone of Management Agent: \_\_\_\_\_

I certify that I have the requisite skills and knowledge of affordable housing management requirements to successfully manage the units proposed by this Application. I further certify that I have specific experience in the management of affordable rental housing and have successfully managed at least two affordable rental housing properties for at least two years each, at least one of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application, as evidenced by the prior experience chart provided in this Application, and that I am knowledgeable of all federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973 and Titles II and III of the Americans with Disabilities Act of 1990 as implemented by 28 CFR 35, incorporating the most recent amendments and other legislation, regulations, rules and other related requirements which apply or could apply to the proposed Development. I further certify that the information provided above is true and correct.

\_\_\_\_\_  
Signature of Management Agent  
or principal of Mgmt. Agent

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name of Signatory

\_\_\_\_\_  
Witness to Mgmt. Agent's or  
principal of Mgmt. Agent's  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**GENERAL CONTRACTOR OR QUALIFYING AGENT OF GENERAL CONTRACTOR  
CERTIFICATION**

Name of Development: \_\_\_\_\_

Name of General Contractor: \_\_\_\_\_

Name of qualifying agent of General Contractor, if applicable: \_\_\_\_\_

Address of General Contractor: \_\_\_\_\_  
\_\_\_\_\_

Telephone of General Contractor: \_\_\_\_\_

Florida License Number of Signatory: \_\_\_\_\_ Expiration of License \_\_\_\_\_  
Date (mm/yyyy)

I certify that I am a General Contractor as defined by Rules 67-21 and/or 67-48, F.A.C., and licensed in the State of Florida with the requisite skills, experience and credit worthiness to successfully produce the units proposed by this Application and that I have been the General Contractor on at least two completed developments of similar development category and development type, at least one of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application, as evidenced by the prior experience chart provided in this Application, and that I am knowledgeable of all federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973 and Titles II and III of the Americans with Disabilities Act of 1990 as implemented by 28 CFR 35, incorporating the most recent amendments and other legislation, regulations, rules and other related requirements which apply or could apply to the proposed Development. In recognition and support of the implementation of Florida's welfare reform legislation, I certify my willingness to encourage the hiring of welfare-to-work or self-sufficiency type program participants in the construction of the proposed Development, and to provide such substantiating documentation regarding the incorporation of such program participants in the work force as may be requested by the servicing agent in conjunction with construction loan draw disbursements. I further certify my willingness and intention to enter into good faith negotiations or participate in a bidding process with the Applicant to act as the General Contractor for this proposed Development and that the information provided above is true and correct.

**NOTE:** If the Applicant is a Public Housing Authority with prior development experience, or is otherwise subject to the Competitive Consultants Negotiations Act, it may have the General Contractor from a prior development execute this certification. The intent of this provision is to allow experienced Public Housing Authorities or other regulated entities to have an opportunity to meet threshold without violation of bidding procedures. Public Housing Authorities without prior development experience must joint venture with an experienced development entity in order to participate in this funding cycle.

\_\_\_\_\_  
Signature of General Contractor or Date (mm/dd/yyyy) Print or Type Name of Signatory  
qualifying agent

\_\_\_\_\_  
Witness to Gen. Contractor's or Date (mm/dd/yyyy) Print or Type Name of Signatory  
qualifying agent's Signature

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**ARCHITECT OR ENGINEER  
CERTIFICATION**

Name of Development: \_\_\_\_\_

Name of Architect or Engineer: \_\_\_\_\_

Address of Architect or Engineer: \_\_\_\_\_

\_\_\_\_\_

Telephone of Architect or Engineer: \_\_\_\_\_

Florida License Number of Signatory: \_\_\_\_\_ Expiration of License: \_\_\_\_\_

Date (mm/yyyy)

I certify that I am a Florida licensed Architect and/or Engineer with the requisite skills and experience to provide the professional services needed to successfully produce the units proposed by this Application and that I have experience with more than one previous development of similar development category and development type, at least one of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application. I further certify I am knowledgeable of all federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973 and Titles II and III of the Americans with Disabilities Act of 1990 as implemented by 28 CFR 35, incorporating the most recent amendments and other legislation, regulations, rules and other related requirements which apply or could apply to the proposed Development and certify that the design, plans, and specifications will comply with these requirements. I further certify my willingness and intention to enter into good faith negotiations or participate in a bidding process with the Applicant to act as the Architect and/or Engineer for this proposed Development and that the information provided above is true and correct.

\_\_\_\_\_  
Architect or Engineer's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name of Signatory

\_\_\_\_\_  
Witness to Architect or Engineer's  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**ATTORNEY CERTIFICATION  
FOR MMRB,  
SAIL OR HOME APPLICATIONS ONLY**

Name of Development: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

\_\_\_\_\_

Telephone of Attorney: \_\_\_\_\_

Florida Bar Number of Signatory: \_\_\_\_\_

I certify that I am a member in good standing of The Florida Bar with the requisite skills and experience to provide the professional services needed by the Applicant to produce the units proposed by this Application. I further certify my willingness and intention to enter into good faith negotiations with the Applicant to act as the attorney of record for this proposed Development and that the information provided above is true and correct.

\_\_\_\_\_  
Attorney's Signature                      Date (mm/dd/yyyy)                      Print or Type Name of Signatory

\_\_\_\_\_  
Witness to Attorney's Signature                      Date (mm/dd/yyyy)                      Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**ATTORNEY CERTIFICATION**  
**4% (Competitive and Non-Competitive)**  
**and/or 9% (Competitive)**  
**HOUSING CREDIT APPLICATIONS ONLY**

Name of Development: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

\_\_\_\_\_

Telephone of Attorney: \_\_\_\_\_

License Number of Signatory: \_\_\_\_\_ State: \_\_\_\_\_

I certify that I am a duly licensed attorney in good standing with the requisite skills and experience to provide the professional services needed by the Applicant to produce the units proposed by this Application. I further certify my willingness and intention to enter into good faith negotiations with the Applicant to act as the attorney of record for this proposed Development and that the information provided above is true and correct.

**NOTE:** To the extent that the Corporation requires it, an attorney licensed to practice law in Florida and acceptable to the Corporation must provide the enforceability opinion.

\_\_\_\_\_  
Attorney's Signature                      Date (mm/dd/yyyy)                      Print or Type Name of Signatory

\_\_\_\_\_  
Witness to Attorney's Signature                      Date (mm/dd/yyyy)                      Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

## CERTIFICATION OF ACCOUNTANT

Name of Development: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_

Address of Accountant: \_\_\_\_\_

\_\_\_\_\_

Telephone of Accountant: \_\_\_\_\_

License Number of Signatory: \_\_\_\_\_ State: \_\_\_\_\_

I certify that I am a licensed Certified Public Accountant with the requisite skills and experience to provide the professional services needed by the Applicant to produce the units proposed by this Application and that I have provided professional accounting services on more than one previous affordable housing development and that, if this Application seeks Housing Credits, I have prior experience with tax credit accounting procedures. I further certify my willingness and intention to enter into good faith negotiations with the Applicant to serve as the Accountant for this proposed Development and that the information provided above is true and correct.

\_\_\_\_\_  
Accountant's Signature                      Date (mm/dd/yyyy)                      Print or Type Name of Signatory

\_\_\_\_\_  
Witness to Accountant's Signature                      Date (mm/dd/yyyy)                      Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.



**SERVICE PROVIDER OR PRINCIPAL OF SERVICE PROVIDER  
CERTIFICATION**

**ASSISTED LIVING FACILITY DEVELOPMENTS ONLY**

Name of Development: \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Name of principal of Service  
Provider, if applicable: \_\_\_\_\_

Address of Service Provider: \_\_\_\_\_  
\_\_\_\_\_

Telephone of Service Provider: \_\_\_\_\_

I certify that I have the requisite skills and knowledge of assisted living facility service provision to successfully provide or coordinate services for the residents of this Development, as proposed by this Application. I further certify that I have specific experience in assisted living service provision or coordination and have successfully provided or coordinated services for at least two assisted living facilities for at least two years each, at least one of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application, as evidenced by the prior experience chart provided in this Application, and that I am knowledgeable of all federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973 and Titles II and III of the Americans with Disabilities Act of 1990 as implemented by 28 CFR 35, Assisted Living Facility and licensure requirements as implemented by Chapter 400, Part III, F.S. and Rule Chapter 58A-5, F.A.C., incorporating the most recent amendments and other legislation, regulations, rules and other related requirements which apply or could apply to the proposed Development. I further certify that the information provided above is true and correct.

Signature of Service Provider or principal of Service Provider	Date (mm/dd/yyyy)	Print or Type Name of Signatory
---	-------------------	---------------------------------

Witness to Service Provider's or principal of Service Provider's Signature	Date (mm/dd/yyyy)	Print or Type Name of Signatory
--	-------------------	---------------------------------

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.



**LOCAL GOVERNMENT VERIFICATION OF STATUS OF  
SITE PLAN APPROVAL FOR MULTIFAMILY DEVELOPMENTS**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Zoning Designation: \_\_\_\_\_

Mark the applicable statement:

1.  The above-referenced Development is new construction or rehabilitation with new construction and the final site plan was approved by action of the \_\_\_\_\_ on \_\_\_\_\_.  
(Legally Authorized Body\*) Date (mm/dd/yyyy)
  
2.  The above-referenced Development is new construction or rehabilitation with new construction and this jurisdiction provides either preliminary site plan approval or conceptual site plan approval. The preliminary or conceptual site plan was approved by action of the \_\_\_\_\_ on \_\_\_\_\_.  
(Legally Authorized Body\*) Date ( mm/dd/yyyy)
  
3.  The above-referenced Development is new construction or rehabilitation with new construction and requires site plan approval for the new construction work. However, this jurisdiction provides neither preliminary site plan approval nor conceptual site plan approval, nor is any other similar process provided prior to issuing final site plan approval. Although there is no preliminary or conceptual site plan approval process and the final site plan approval has not yet been issued, the site plan was reviewed by \_\_\_\_\_ on \_\_\_\_\_.  
(Legally Authorized Body\*) Date (mm/dd/yyyy)
  
4.  The above-referenced Development is rehabilitation without any new construction and does not require additional site plan approval or similar process.

\* "Legally Authorized Body" is not an individual. Applicant must state the name of the City Council, County Commission, Board, Department, Division, etc., with authority over such matters.

**CERTIFICATION**

I certify that the City/County of \_\_\_\_\_ has vested in me the authority  
(Name of City or County)

to verify status of site plan approval as specified above and I further certify that the information stated above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the applicable City's or County's Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to site plan approval, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If this certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF STATUS OF  
PLAT APPROVAL FOR SINGLE-FAMILY RENTAL DEVELOPMENTS**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Mark the applicable statement:

1.  The above-referenced Development is new construction or rehabilitation with new construction and the final plat was approved by action of \_\_\_\_\_ on \_\_\_\_\_.  
(Legally Authorized Body\*) (Date – mm/dd/yyyy)
  
2.  The above-referenced Development is new construction or rehabilitation with new construction and the preliminary or conceptual plat was approved by action of \_\_\_\_\_ on \_\_\_\_\_.  
(Legally Authorized Body\*) (Date – mm/dd/yyyy)
  
3.  The above-referenced Development is rehabilitation without any new construction and does not require additional plat approval.

\* “Legally Authorized Body” is not an individual. Applicant must state the name of the City Council, County Commission, Board, Department, Division, etc., with authority over such matters.

**CERTIFICATION**

I certify that the City/County of \_\_\_\_\_ has vested in me the  
(Name of City or County)

authority to verify status of plat approval as specified above and I further certify that the information above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the applicable City’s or County’s Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to plat approval, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If this certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or ‘white-out’, or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.



**VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE**

**WATER**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

The undersigned service provider confirms that on or before \_\_\_\_\_ :  
Date (mm/dd/yyyy)

- 1. Potable water is available to the proposed Development.
- 2. There are no impediments to the proposed Development for obtaining potable water service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
- 3. To the best of our knowledge, no variance or local hearing is required to make potable water available to the proposed Development.
- 4. To the best of our knowledge, there are no moratoriums pertaining to potable water which are applicable to the proposed Development.

**CERTIFICATION**

I certify that the foregoing information is true and correct.

\_\_\_\_\_  
Signature                                  Date (mm/dd/yyyy)      Name of Entity Providing Service

\_\_\_\_\_  
Print or Type Name                                  Address

\_\_\_\_\_  
Print or Type Title

\_\_\_\_\_  
Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE**  
**SEWER CAPACITY, PACKAGE TREATMENT, OR SEPTIC TANK**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

The undersigned service provider or permitting authority confirms that on or before \_\_\_\_\_:  
Date (mm/dd/yyyy)

1. Sewer Capacity, Package Treatment, or Septic Tank is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining the specified waste treatment service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make this service available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to this service, which are applicable to the proposed Development.

**CERTIFICATION**

I certify that the foregoing information is true and correct.

\_\_\_\_\_  
Date (mm/dd/yyyy)      Name of Entity Providing Service

\_\_\_\_\_  
Print or Type Name      Address

\_\_\_\_\_  
Print or Type Title      \_\_\_\_\_

\_\_\_\_\_  
 Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

# VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE

## ROADS

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

The undersigned local government representative confirms that on or before \_\_\_\_\_:

Date (mm/dd/yyyy)

1. Existing paved roads provide access to the proposed Development or paved roads will be constructed as part of the proposed Development.
2. There are no impediments to the proposed Development using the roads other than payment of impact fees or providing curb cuts, turn lanes, or signalization.
3. To the best of our knowledge, no variance or local hearing is required for these roads to be available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to road usage which are applicable to the proposed Development.

## CERTIFICATION

I certify that the foregoing information is true and correct.

\_\_\_\_\_  
Signature Date (mm/dd/yyyy) Name of Local Government

\_\_\_\_\_  
Print or Type Name Address

\_\_\_\_\_  
Print or Type Title

\_\_\_\_\_  
Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.



**LOCAL GOVERNMENT VERIFICATION THAT DEVELOPMENT IS CONSISTENT  
WITH ZONING AND LAND USE REGULATIONS**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

The undersigned local government official confirms that on or before \_\_\_\_\_:  
Date (mm/dd/yyyy)

- (1) The number of units (not buildings) allowed for this development site (if restricted) is: \_\_\_\_\_ and/or if a PUD, the number of units (not buildings) allowed per development site is: \_\_\_\_\_  
or  
if not a PUD and development site is subject to existing special use or similar permit, number of units allowed for this development site is: \_\_\_\_\_; and
- (2) The zoning designation for the referenced Development site is \_\_\_\_\_; and
- (3) The intended use is consistent with current land use regulations and the referenced zoning designation or, if the Development consists of rehabilitation, the intended use is allowed as a legally non-conforming use. To the best of my knowledge, there are no additional land use regulation hearings or approvals required to obtain the zoning classification or density described herein. Assuming compliance with the applicable land use regulations, there are no known conditions which would preclude construction or rehabilitation (as the case may be) of the referenced Development on the proposed site.

**CERTIFICATION**

I certify that the City/County of \_\_\_\_\_ has vested in me the authority  
(Name of City/County)

to verify consistency with local land use regulations and the zoning designation specified above or, if the Development consists of rehabilitation, the intended use is allowed as a "legally non-conforming use" and I further certify that the foregoing information is true and correct. In addition, if the proposed Development site is in the Florida Keys Area as defined in Rule Chapters 67-21 and 67-48, F.A.C., I further certify that the Applicant has obtained the necessary Rate of Growth Ordinance (ROGO) allocations from the local government.

\_\_\_\_\_  
Signature Date (mm/dd/yyyy) Print or Type Name

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the applicable City's or County's Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to comprehensive planning and zoning, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.



**VERIFICATION OF ENVIRONMENTAL SAFETY  
PHASE I ENVIRONMENTAL SITE ASSESSMENT**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_  
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

As a representative of the firm that performed the Phase I Environmental Site Assessment (ESA), I certify that a Phase I ESA of the above referenced Development location was conducted by the undersigned environmental firm as of \_\_\_\_\_ and \_\_\_\_\_  
(Date of Phase I ESA – mm/dd/yyyy)  
such Phase I ESA meets the standards of either ASTM Practice #E-1527-00 or #E-1527-05.

Check all that apply in Items 1, 2 and 3 below:

1. If the Phase I ESA is over 12 months old from the Application Deadline for this Application, has the site's environmental condition changed since the date of the original Phase I ESA?

Yes                       No

If "Yes", to demonstrate the condition of the site, answer question (1) or (2) below:

(1) an update to the original Phase I ESA was prepared on \_\_\_\_\_ (Date - mm/dd/yyyy)  
(Date of update must be within 12 months of the Application Deadline for this Application), or

(2) a new Phase I ESA was prepared on \_\_\_\_\_ (Date - mm/dd/yyyy)  
(Date of new Phase I ESA must be within 12 months of the Application Deadline for this Application).

Note: The Corporation will not consider a Phase II ESA to be a substitute for the updated Ph. I ESA or new Ph. I ESA.

2. If there are one or more existing buildings on the proposed site, the Phase I ESA:

a. addresses the presence or absence of asbestos or asbestos containing materials (ACM) and lead based paint (LBP); or

b. separate report(s) addressing the presence or absence of asbestos or asbestos containing materials and lead-based paint have been prepared and the undersigned has reviewed the separate report(s). Such separate report(s) may or may not be incorporated by reference in the Phase I ESA.

3. If the Phase I ESA discloses potential problems (including, but not limited to asbestos or asbestos containing materials, lead-based paint, radon gas, etc.) on the proposed site:

a. environmental safety conditions on the site require remediation and a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared, either as a part of the Phase I ESA or as a separate report.

b. a Phase II ESA is required or recommended (the firm that performed the Phase II ESA, even if it is the same firm that prepared the Phase I ESA MUST complete and execute the Phase II Environmental Site Assessment Verification).

c. although environmental safety conditions exist on the site, no remediation or further study is required or recommended.

**CERTIFICATION**

I certify that the foregoing information is true and correct.

\_\_\_\_\_  
Authorized Signature                      Date (mm/dd/yyyy)                      Name of Firm that Performed the Phase I ESA

\_\_\_\_\_  
Print or Type Name of Signatory                      Address of Environmental Firm

\_\_\_\_\_  
Print or Type Title of Signatory                      Telephone Number Including Area Code

This certification must be signed by a representative of the firm that performed the Phase I ESA for the proposed Development location. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**VERIFICATION OF ENVIRONMENTAL SAFETY  
PHASE II ENVIRONMENTAL SITE ASSESSMENT**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

As a representative of the firm that performed the Phase II Environmental Site Assessment (ESA), I certify that:

1. A Phase II ESA of the above referenced Development location was required or recommended by the Phase I ESA. The Phase II ESA was conducted by the undersigned environmental firm as of \_\_\_\_\_ in accordance with ASTM Practice #E-1527-00.  
(Date of Phase II ESA – mm/dd/yyyy)

If the Phase II ESA is over 12 months old from the Application Deadline for this Application, has the site's environmental condition changed since the date of the Phase II ESA?

Yes                       No

If "Yes", to demonstrate the condition of the site, an update to the original Phase II ESA was prepared on \_\_\_\_\_.  
(Date of Update to Phase II ESA – mm/dd/yyyy\*)

\* Date of the update to the Phase II ESA, as stated above, must be within 12 months of the Application Deadline for this Application)

2. If the Phase II ESA disclosed potential problems (including, but not limited to asbestos or asbestos containing materials, lead-based paint, radon gas, etc.) on the proposed site, a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared either as a part of the Phase II ESA or as a separate report.

**CERTIFICATION**

I certify that the foregoing information is true and correct.

\_\_\_\_\_  
Authorized Signature                      Date                      Name of Firm that Performed the Ph. II ESA  
(mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name of Signatory                      Address of Environmental Firm

\_\_\_\_\_  
Print or Type Title of Signatory                      Telephone Number Including Area Code

This certification must be signed by a representative of the firm that performed the Phase II ESA for the proposed Development location. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.



**LOCAL GOVERNMENT VERIFICATION OF QUALIFICATION  
AS URBAN IN-FILL DEVELOPMENT**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Local Government: \_\_\_\_\_

The City/County of \_\_\_\_\_ confirms that the Development  
(Name of City or County)

identified above meets the following criteria:

1. The proposed Development is located on a site or in an area that is targeted for in-fill housing or neighborhood revitalization by the local, county, state or federal government as evidenced by its inclusion in a HUD Empowerment/Enterprise Zone; a HUD-approved Neighborhood Revitalization Strategy; Florida Enterprise Zone; area designated under a Community Development Block Grant (CDBG); area designated as HOPE VI or a Front Porch Florida Community; or a Community Redevelopment Area as described and defined in the Florida Community Redevelopment Act of 1969; or the proposed Development is located in a qualified census tract and the development of which contributes to a concerted community revitalization plan; and
2. the site is in an area that is already developed and is part of an incorporated area or existing urban service area; and
3. The proposed Development is not located within the Small County Category.

**CERTIFICATION**

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the Mayor, City Manager, County Manager/Administrator/Coordinator, or Chairperson of the City Council or County Commission. Other signatories are not acceptable. If this certification is inappropriately signed, the Application will not qualify as an Urban In-Fill Development.

If the certification contains corrections or 'white-out' or if it is scanned, imaged, altered, or retyped, the Application will fail to qualify as an Urban In-Fill Development and will fail threshold and will be rejected automatically. The certification may be photocopied.

**VERIFICATION OF FRONT PORCH FLORIDA COMMUNITY**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

The Governor’s Office of Urban Opportunity confirms that the Development identified above meets the following criteria:

1. As of January 3, 2006, the proposed Development site qualifies as a Front Porch Florida Community; and
2. The proposed Development is in conformance with the Neighborhood Action Plan that is on file, as of January 3, 2006, with the Governor’s Office of Urban Opportunity for the designated Front Porch Florida Community; and
3. As of January 3, 2006, the proposed Development was approved by the Governor’s Revitalization Council.

**CERTIFICATION BY THE GOVERNOR’S OFFICE OF URBAN OPPORTUNITY:**

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Title

This certification must be signed by an authorized signatory from the Governor’s Office of Urban Opportunity. Other signatories are not acceptable. If the certification is inappropriately signed, the Application will not qualify for the Front Porch Florida Community Designation.

If the certification contains corrections or ‘white-out’ or if it is scanned, imaged, altered, or retyped, the Application will fail to qualify for the Front Porch Florida Community Designation and will fail threshold and will be rejected automatically. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION  
GRANT**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Amount of Grant: \_\_\_\_\_

On of before \_\_\_\_\_ the City/County of \_\_\_\_\_ committed  
Date (mm/dd/yyyy) (Name of City or County)

\$ \_\_\_\_\_ as a grant to the Applicant for its use solely for assisting the proposed Development referenced above. The City/County does not expect to be repaid or reimbursed by the Applicant, or any other entity, provided the funds are expended solely for the Development referenced above. No consideration or promise of consideration has been given with respect to the grant. For purposes of the foregoing, the promise of providing affordable housing does not constitute consideration. This grant is provided specifically with respect to the proposed Development.

The source of the grant is: \_\_\_\_\_  
(e.g., SHIP, HOME, CDBG)

The following government point of contact can verify the above stated contribution:

Name of Government Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**CERTIFICATION**

I certify that the foregoing information is true and correct and that this commitment is effective through

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the Mayor, City Manager, County Manager /Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. If the contribution is from a Land Authority organized pursuant to Chapter 380.0663, Florida Statutes, this certification must be signed by the Chair of the Land Authority. One of the authorized persons named above may sign this form for certification of state, federal or Local Government funds initially obtained by or derived from a Local Government that is directly administered by an intermediary such as a housing finance authority, a community reinvestment corporation, or a state-certified Community Housing Development Organization (CHDO). Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed.

This contribution will not be considered and the Application will fail threshold and be rejected automatically if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.



**LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION  
FEE WAIVER**

**No credit will be given for fee waivers unless the computations by which the total amount of each waiver is determined accompanies this verification form in the Application. Computations should include, where applicable, waived fee amount per unit.**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Amount of Fee Waiver: \$ \_\_\_\_\_. Is this amount based upon a per set-aside (affordable) unit computation?  yes  no (check one)

On or before \_\_\_\_\_ the City/County of \_\_\_\_\_, pursuant to  
Date (mm/dd/yyyy) (Name of City/County)

\_\_\_\_\_, waived the following fees:  
(Reference Official Action, cite Ordinance or Resolution Number and Date)

No consideration or promise of consideration has been given with respect to the fee waiver. For purposes of the foregoing, the promise of providing affordable housing does not constitute consideration. This fee waiver is provided specifically with respect to the proposed Development.

The following government point of contact can verify the above stated contribution:

Name of Government Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**CERTIFICATION**

I certify that the foregoing information is true and correct and that this commitment is effective through

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature Date (mm/dd/yyyy) Print or Type Name

\_\_\_\_\_  
Telephone Number Print or Type Title

**NOTE TO LOCAL GOVERNMENT OFFICIAL:** Waivers that are not specifically made for the benefit of this Development but are instead of general benefit to the area in which the Development is located will NOT qualify as a contribution to the Development. Further, the fact that no impact fees or other fees are levied by a local jurisdiction for ANY type of development DOES NOT constitute a "Local Government Contribution" to the proposed Development. Similarly, if such fees ARE levied by the local jurisdiction but the nature of the proposed Development exempts it (e.g., typically, a Rehabilitation Development is not subject to impact fees), for purposes of this form, no "Local Government Contribution" exists and no points will be awarded.

This certification must be signed by the Mayor, City Manager, County Manager /Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed.

This contribution will not be considered and the Application will fail threshold and be rejected automatically if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION  
LOAN**

Failure to attach a sheet showing the payment stream for which the net present value of the loan was calculated will result in the contribution not being considered.

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

On or before \_\_\_\_\_ the City/County of \_\_\_\_\_ committed  
Date (mm/dd/yyyy) (Name of City or County)

\$ \_\_\_\_\_ in the form of a reduced interest rate loan to the Applicant for its use solely for  
(loan amount)

assisting the proposed Development referenced above. The loan will bear interest at a rate of \_\_\_\_\_% per annum over a period of \_\_\_\_\_ years. The loan's repayment period, amortization period, payment frequency and other applicable terms are:

\_\_\_\_\_  
\_\_\_\_\_

No consideration or promise of consideration has been given with respect to the loan. For purposes of the foregoing, the promise of providing affordable housing does not constitute consideration. This loan is provided specifically with respect to the proposed Development.

The following government point of contact can verify the above stated contribution:

Name of Government Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**CERTIFICATION**

I certify that the foregoing information is true and correct and that this commitment is effective through

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the Mayor, City Manager, County Manager /Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. If the contribution is from a Land Authority organized pursuant to Chapter 380.0663, Florida Statutes, this certification must be signed by the Chair of the Land Authority. One of the authorized persons named above may sign this form for certification of state, federal or Local Government funds initially obtained by or derived from a Local Government that is directly administered by an intermediary such as a housing finance authority, a community reinvestment corporation, or a state-certified Community Housing Development Organization (CHDO). Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed.

This contribution will not be considered and the Application will fail threshold and be rejected automatically if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION  
FEE DEFERRAL**

Failure to attach a sheet showing the payment stream for which the net present value of the deferral was calculated will result in the contribution not being considered.

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Complete the following:

On or before \_\_\_\_\_ the City/County of \_\_\_\_\_ committed to defer  
Date (mm/dd/yyyy) (Name of City or County)

\$ \_\_\_\_\_ in fees for the proposed Development referenced above. The fee deferral will bear interest at a rate of \_\_\_\_\_ % per annum over a period of \_\_\_\_\_ years. The fee deferral repayment period, amortization period, payment frequency and other applicable terms are:

\_\_\_\_\_  
\_\_\_\_\_

No consideration or promise of consideration has been given with respect to the fee deferral. For purposes of the foregoing, the promise of providing affordable housing does not constitute consideration. This fee deferral is provided specifically with respect to the proposed Development.

The following government point of contact can verify the above stated contribution:

Name of Government Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**CERTIFICATION**

I certify that the foregoing information is true and correct and that this commitment is effective through

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature Date (mm/dd/yyyy) Print or Type Name

\_\_\_\_\_  
Telephone Number Print or Type Title

This certification must be signed by the Mayor, City Manager, County Manager /Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. If the contribution is from a Land Authority organized pursuant to Chapter 380.0663, Florida Statutes, this certification must be signed by the Chair of the Land Authority. Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed.

This contribution will not be considered and the Application will fail threshold and be rejected automatically if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES  
EXPEDITED PERMITTING PROCESS FOR AFFORDABLE HOUSING**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Name of City or County Government: \_\_\_\_\_

Name of Jurisdiction that will issue building permits: \_\_\_\_\_

The City/County of \_\_\_\_\_ currently administers an expedited  
(Name of City or County)

permitting process for affordable housing enacted by \_\_\_\_\_,  
(Ordinance, Resolution Number or citation of policy)

adopted \_\_\_\_\_.  
Date (mm/dd/yyyy)

**CERTIFICATION**

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the Mayor, City Manager, County Manager/Administrator/Coordinator, or Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. Other signatories are not acceptable. Zero points will be awarded if the certification is improperly signed. Signatory must be a representative of the local government that has enacted the incentive. For purposes of this form only, if a Development is located within a municipality but the incentive is not available in the city, Applicant may use county incentive. For example, if a Development is located in a town which does not have impact fee requirements but the county has such requirements and they have a reduction or waiver of these fees for affordable housing, the Applicant may submit a properly executed Local Government Verification of Affordable Housing Incentives Form from the county.

The Applicant will not receive credit for this incentive and the Application will fail threshold and be rejected automatically if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES  
CONTRIBUTIONS TO AFFORDABLE HOUSING PROPERTIES OR DEVELOPMENTS**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Name of City or County Government: \_\_\_\_\_

The referenced Local Government has an on-going and current process for providing contributions to affordable housing properties or developments.

**CERTIFICATION**

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the Mayor, City Manager, County Manager/Administrator/Coordinator, or Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. Other signatories are not acceptable. Zero points will be awarded. Signatory must be a representative of the local government that has enacted the incentive. For purposes of this form only, if a Development is located within a municipality but the incentive is not available in the city, Applicant may use county incentive. For example, if a Development is located in a town which does not have impact fee requirements but the county has such requirements and they have a reduction or waiver of these fees for affordable housing, the Applicant may submit a properly executed Local Government Verification of Affordable Housing Incentives Form from the county.

The Applicant will not receive credit for this incentive and the Application will fail threshold and be rejected automatically if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES  
MODIFICATION OF FEE REQUIREMENTS FOR AFFORDABLE HOUSING  
PROPERTIES OR DEVELOPMENTS**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Name of City or County Government: \_\_\_\_\_

The referenced Local Government currently makes available to affordable housing properties or developments the modification of fee requirements, including a reduction or waiver of fees and alternative methods of fee payment.

**CERTIFICATION**

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the Mayor, City Manager, County Manager/Administrator/Coordinator, or Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. Other signatories are not acceptable. Zero points will be awarded. Signatory must be a representative of the local government that has enacted the incentive. For purposes of this form only, if a Development is located within a municipality but the incentive is not available in the city, Applicant may use county incentive. For example, if a Development is located in a town which does not have impact fee requirements but the county has such requirements and they have a reduction or waiver of these fees for affordable housing, the Applicant may submit a properly executed Local Government Verification of Affordable Housing Incentives Form from the county.

The Applicant will not receive credit for this incentive and the Application will fail threshold and be rejected automatically if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES  
IMPACT OF POLICIES, ORDINANCES, REGULATIONS, OR PLAN PROVISIONS  
ON COST OF AFFORDABLE HOUSING PROPERTIES OR DEVELOPMENTS**

Name of Development: \_\_\_\_\_

Development Location: \_\_\_\_\_

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Name of City or County Government: \_\_\_\_\_

The referenced Local Government currently has a process, established by ordinance, resolution, plan, or policy, that requires consideration of the impact of proposed policies, ordinances, regulations, or plan provisions on the cost of affordable housing prior to adoption of such policies, ordinances, regulations, or plan provisions.

**CERTIFICATION**

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Title

This certification must be signed by the Mayor, City Manager, County Manager/Administrator/Coordinator, or Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. Other signatories are not acceptable. Zero points will be awarded. Signatory must be a representative of the local government that has enacted the incentive. For purposes of this form only, if a Development is located within a municipality but the incentive is not available in the city, Applicant may use county incentive. For example, if a Development is located in a town which does not have impact fee requirements but the county has such requirements and they have a reduction or waiver of these fees for affordable housing, the Applicant may submit a properly executed Local Government Verification of Affordable Housing Incentives Form from the county.

The Applicant will not receive credit for this incentive and the Application will fail threshold and be rejected automatically if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

**COMMITMENT TO DEFER DEVELOPER FEE**

\_\_\_\_\_ commits to defer up to  
(Name of Developer)  
\$ \_\_\_\_\_ of its Developer fee to offset any funding shortfall until the closing  
of permanent financing for \_\_\_\_\_.  
(Name of Development)

Additionally, the Developer identified above commits to defer up to \$ \_\_\_\_\_ to  
fill any funding shortfall after closing of permanent financing for the Development identified  
above.

I, \_\_\_\_\_, the undersigned, certify that I  
(Print or Type Name)

have the authority to make this commitment on behalf of the above-named Developer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**NOTE:** If the proposed Development will have more than one Developer and the  
Developers are committing to defer some or all of the Developer fee, each  
Developer must complete and provide a Commitment to Defer Developer  
Fee form.

If this certification contains corrections or ‘white-out’, or if it is scanned, imaged, altered, or  
retyped, the Application will fail to meet threshold and will be rejected automatically. The  
certification may be photocopied.



## End-of-the-Line SAIL Request

Application No. 2005-\_\_\_\_\_ was successful in receiving tentative SAIL funding in the amount of \$ \_\_\_\_\_ in the 2005 Universal Application Cycle for

\_\_\_\_\_  
(Name of proposed Development)

\_\_\_\_\_ requests additional SAIL  
(Name of Applicant)  
funds from the 2006 Universal Application Cycle in the amount of: \$ \_\_\_\_\_.

These additional funds will be combined with the SAIL funds received in the 2005 Universal Application Cycle for the construction/rehabilitation of the above-referenced Development.

I, \_\_\_\_\_, the undersigned, certify that I have  
(Print or Type Name)

the authority to make this request on behalf of the above-named Applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name of Signatory (typed or printed)

\_\_\_\_\_  
Title (typed or printed)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone No. (including Area Code)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Facsimile No. (including Area Code)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name of Witness (typed or printed)

**NOTE:** Only those Developments that received SAIL funds for the first time in the 2005 Universal Application Cycle are eligible to receive End-of-the-Line SAIL funds from the 2006 Universal Application Cycle. The combined total of the 2005 request amount and the 2006 End-of-the-Line SAIL request amount cannot exceed the maximum request amount for the county group/designation stated at Part V.A.2. of the 2006 Universal Application Instructions. End-of-the-Line SAIL requests will be considered for funding as outlined in Section 7.c.(5) of the Ranking and Selection criteria section of the 2006 Universal Application Instructions.

End-of-the-Line SAIL Request Forms without an original signature will be ineligible for consideration. Signatures in blue ink are preferred. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the request form will be ineligible for consideration. The certification may be photocopied.