

2013 ~~2014~~ UNIVERSAL CYCLE - 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 and tenants who are participating in and/or have successfully completed the training provided by welfare to work or self-sufficiency type programs.

If preliminary funding is approved, the Applicant commits to participate in the statewide housing locator system, as required by Florida Housing.

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.

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

Name (typed or printed)

Title (typed or printed)

This certification form will not be considered and the Application will automatically be rejected without the opportunity to cure if, at Application Deadline, the completed form, reflecting an original signature, is not provided in the Application labeled "Original Hard Copy" or if the form contains corrections or 'white-out' or is scanned, imaged, altered, or retyped. Signatures in blue ink are preferred. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 1"

2013 ~~2014~~ UNIVERSAL CYCLE - ~~DEVELOPER OR~~ PRINCIPAL OF DEVELOPER CERTIFICATION

Name of Development: _____

(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Name of Developer: _____

Name of Principal of Developer, ~~if applicable~~: _____

Address of Developer: _____

(street address, city, state)

Telephone No. of Developer: _____

Fax No. of Developer: _____

E-Mail Address: _____

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. Since January 1, 1991, I have developed and completed at least three (3) affordable rental housing developments, at least one (1) of which was completed since January 1, 2001. At least one (1) of the three (3) completed developments 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. For purposes of this certification, completed for each of the three (3) developments means (i) that the temporary or final certificate of occupancy has been issued for at least one (1) unit in a building with dwelling units or (ii) at least one (1) IRS Form 8609 has been issued. 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

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

Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 10"

**2013 ~~2011~~ UNIVERSAL CYCLE - MANAGEMENT COMPANY OR PRINCIPAL OF
MANAGEMENT COMPANY CERTIFICATION**

Name of Development: _____
(Part III.A.1. of the 2013 ~~2011~~ Universal Cycle Application)

Name of Management Company: _____

Name of principal of Management Company, if applicable: _____

Address of Management Company: _____
(street address, city, state)

Telephone of Management Company: _____

I certify that I have the requisite skills and knowledge of affordable housing management requirements to successfully manage the units proposed by this Application and that I have specific experience in the management of affordable rental housing and have successfully managed at least two (2) affordable rental housing properties for at least two (2) years each, at least one (1) 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 further certify that 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 while under our management. I further certify that the information provided above is true and correct.

Signature of Management Company or principal of
Management Company

Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 11"

2013 ~~2014~~ UNIVERSAL CYCLE - GENERAL CONTRACTOR OR QUALIFYING AGENT OF GENERAL CONTRACTOR CERTIFICATION

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Name of General Contractor: _____

Name of qualifying agent of General Contractor, if applicable: _____

Address of General Contractor: _____
(street address, city, state)

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 67-21and/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 (2) developments completed since January 1, 2001 which are of similar development category and development type, at least one (1) 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. For purposes of this certification, completed for each of the two (2) developments means (i) that the temporary or final certificate of occupancy has been issued for at least one (1) unit in a building with dwelling units or (ii) at least one (1) IRS Form 8609 has been issued. I further certify that I will construct the proposed Development in accordance with the design plans and specifications as prepared by the licensed Architect. 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 qualifying agent

Print or Type Name of Signatory

If this certification contains corrections or ‘white-out’, or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 12”

2013 ~~2014~~ UNIVERSAL CYCLE - ARCHITECT CERTIFICATION

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Name of Architect: _____

Address of Architect: _____
(street address, city, state)

Telephone of Architect: _____

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

The undersigned certifies to the following:

1. I am a Florida licensed Architect with the requisite skills and experience to provide the professional services needed to successfully produce the units proposed by this Application; and
2. I have experience with more than one (1) previous development of similar development category and development type, at least one (1) 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; and
3. The design, plans and specifications for the proposed Development:
 - a. Allow for the inclusion of the Required General Features and Amenities outlined in Part III.B.1. of the 2013 ~~2014~~ Universal Cycle Application Instructions; and
 - b. Allow for the inclusion of the Required Universal Design and Visitability Features outlined in Part A.1. of the FHFC Universal Design and Visitability Manual, effective 11-3-2010, in the new construction units, if any; and
 - c. Allow for the possible inclusion of some of the Required Universal Design and Visitability Features, as outlined in Part B.1. of the FHFC Universal Design and Visitability Manual, effective 11-3-2010, in the rehabilitation units, if any; and
 - d. Allow for the inclusion of the Optional Features and Amenities selected by the Applicant at Part III.B.3.a. and Part III.B.3.b. or c. of the 2013 ~~2014~~ Universal Cycle Application; and
 - e. Allow for the inclusion of the Optional Universal Design and Visitability Features outlined in Part A.2. of the FHFC Universal Design and Visitability Manual, effective 11-3-2010, in at least 15% of the new construction units, if any, if committed to by the Applicant; and
 - f. Allow for the possible inclusion of some of the Optional Universal Design and Visitability Features, as outlined in Part B.2. of the FHFC Universal Design and Visitability Manual, effective 11-3-2010, in at least 15% of the rehabilitation units, if any, if committed to by the Applicant; and

Architect's Initials _____ (signature required on pg. 2)

Provide Behind a Tab Labeled "Exhibit 13"

2013 ~~2014~~ UNIVERSAL CYCLE - ARCHITECT CERTIFICATION

- g. If applicable, allow for the inclusion of the additional Required Elderly Features outlined in Part A.3. (for new construction units) and Part B.3. (for rehabilitation units) of the FHFC Universal Design and Visitability Manual, effective ____ ~~4-3-2010~~, if the Applicant is applying under the Elderly Demographic; and
- h. If selected by the Applicant, allow for the eligible new construction units, if any, to meet the requirements of Energy Star New Homes and the ineligible new construction units, if any, to include the energy features outlined in Part III.B.4.a. of the 2013 ~~2014~~ Universal Application Instructions; and
- i. Allow for the possible inclusion of some of the energy features outlined in Part III.B.4.b. of the 2013 ~~2014~~ Universal Application Instructions in the rehabilitation units, if any; and
- j. Depending on the Development Category selected by the Applicant for the proposed Development:
 - (1) If New Construction or Redevelopment (more than 50% of the units are new construction), (a) allow for the inclusion of the Green Building features outlined at Part III.B.5.a.(1) of the 2013 ~~2014~~ Universal Application Instructions, or (b) allow for the proposed Development to meet one of the Green Building Certifications outlined at Part III.B.5.a.(2) of the 2013 ~~2014~~ Universal Application Instructions, as committed to the Applicant in the Application; or
 - (2) If Rehabilitation or Preservation (less than 50% of the units are new construction) allow for the inclusion of the Green Building features outlined in Part III.B.5.b. of the 2013 ~~2014~~ Universal Application Instructions; and
- 4. With regard to the federal, state and local requirements, the minimum requirements can be met for all new construction units and the requirements have been considered and will be addressed as part of the scope of any rehabilitation work, including 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
- 5. I am willing and intend to enter into good faith negotiations or participate in a bidding process with the Applicant to act as the Architect for this proposed Development; and
- 6. The information provided above is true and correct.

Architect 's Signature

Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 13"

**2013 ~~2011~~ UNIVERSAL CYCLE - ATTORNEY CERTIFICATION
FOR MMRB OR HOME APPLICATIONS ONLY**

Name of Development: _____

(Part III.A.1. of the ~~2013~~ ~~2011~~ Universal Cycle Application)

Name of Attorney: _____

Address of Attorney: _____

(street address, city, state)

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

Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 14"

**2013 ~~2011~~ UNIVERSAL CYCLE - ATTORNEY CERTIFICATION
4% (Competitive and Non-Competitive)
and/or 9% (Competitive)
HOUSING CREDIT APPLICATIONS ONLY**

Name of Development: _____
(Part III.A.1. of the 2013 ~~2011~~ Universal Cycle Application)

Name of Attorney: _____

Address of Attorney: _____
(street address, city, state)

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

Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 15"

2013 ~~2014~~ UNIVERSAL CYCLE - CERTIFICATION OF ACCOUNTANT

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Name of Accountant: _____

Address of Accountant: _____
(street address, city, state)

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

Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

2013 ~~2011~~ UNIVERSAL CYCLE - SERVICE PROVIDER OR PRINCIPAL OF SERVICE PROVIDER CERTIFICATION

ASSISTED LIVING FACILITY DEVELOPMENTS ONLY

Name of Development: _____
(Part III.A.1. of the 2013 ~~2011~~ Universal Cycle Application)

Name of Service Provider: _____

Name of principal of Service Provider, if applicable: _____

Address of Service Provider: _____
(street address, city, state)

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 (2) assisted living facilities for at least two (2) years each, at least one (1) 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 429, Part I, 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

Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 17"

2013 ~~2014~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF QUALIFICATION AS URBAN IN-FILL DEVELOPMENT

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

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

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, 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. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 20"

2013 ~~2011~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT CERTIFICATION OF PUBLIC HOUSING REVITALIZATION IN A LOCAL COMMUNITY REDEVELOPMENT OR REVITALIZATION PLAN

Name of Development: _____
(Part III.A.1. of the ~~2013 2011~~ Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

The City/County of _____ confirms that the Development identified above meets the following criteria:

The proposed Development is located in an area for which a Local Government has approved and adopted by ordinance, resolution, and or other legal action a community redevelopment or revitalization plan that:

- specifies geographic boundaries, which include the physical location of the Development;
- provides funding through a dedicated local source for such purposes as infrastructure, transit and residential development; and has other projects actively underway to implement the plan; and
- is evidenced by its inclusion in an area designated under a Community Development Block Grant (CDBG); a Community Redevelopment Area as described and defined in the Florida Community Redevelopment Act of 1969; or another geographically defined sub-area for which there is a plan adopted by the Local Government.

CERTIFICATION

I certify that the above information is true and correct. The Applicant’s proposed Development is physically located in the following community redevelopment or revitalization plan:

_____ that is approved and adopted by:
(Name of Community Redevelopment or Revitalization Plan)

(Reference Official Action, Cite Ordinance or Resolution Number)

Signature

Print or Type Name

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, 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 a Public Housing Revitalization 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 a Public Housing Revitalization Development. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 20”

2013 ~~2011~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF QUALIFICATION AS A TOD DEVELOPMENT

Name of Development: _____
(Part III.A.1. of the 2013 ~~2011~~ Universal Cycle Application)

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

The undersigned Local Government official certifies that the proposed Development (identified above) is located within the area identified below which has been designated by the Local Government planning agency in its comprehensive plan, land use plan, land development code, or zoning code as a Transit-Oriented Development, Transit Oriented Development District, Rapid Transit Zone, Transit Village, or Rapid Transit Development Impact Zone:

- Broward County:
 - Deerfield Beach TOD , Sheridan Station TOD
- Miami-Dade County:

<input type="checkbox"/> Allapattah Station	<input type="checkbox"/> Dadeland South Metrorail	<input type="checkbox"/> Overtown Arena Station
<input type="checkbox"/> Brickell Station	<input type="checkbox"/> Douglas Rd. Station	<input type="checkbox"/> Santa Clara Station
<input type="checkbox"/> Brownsville Station	<input type="checkbox"/> Dr. Martin Luther King, Jr. Station	<input type="checkbox"/> South Miami Station
<input type="checkbox"/> Civic Center Station	<input type="checkbox"/> Earlington Heights Station	<input type="checkbox"/> Tri-Rail MetroRail Station
<input type="checkbox"/> Coconut Grove Station	<input type="checkbox"/> Government Center Station	<input type="checkbox"/> University Station
<input type="checkbox"/> Culmer Station	<input type="checkbox"/> Northside Station	<input type="checkbox"/> Vizcaya Station
<input type="checkbox"/> Dadeland North Metrorail	<input type="checkbox"/> Okeechobee Metrorail Station	
- Palm Beach County:
 - West Palm Beach Station/Seaboard Station
- Seminole County:
 - City of Longwood Transit Village

Note: In order for a proposed Development to qualify as a TOD Development for purposes of the 2011 Universal Application, it must (i) be located in one of the above areas, (ii) meet the scoring criteria outlined in the Proximity section of the Application to achieve a Transit Service Score of at least 6 points, based on the proposed Development’s proximity to a Public Rail Station, (iii) the Applicant’s Competitive HC request amount must be at least 40 percent of the Maximum Competitive HC Request for the applicable County inclusive of any DDA/QCT bonus, and (iv) at least 50 of the proposed Development’s set-aside units must be located within the designated TOD area.

CERTIFICATION

I certify that the City/County of _____ has vested in me the authority
(Name of City/County)
to certify that the foregoing information is true and correct.

Signature

Print or Type Name

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for determination of issues related to transportation or planning. 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 not qualify as a TOD Development.

If this certification contains corrections or ‘white-out’, or if it is scanned, imaged, altered, or retyped, the Application will not qualify as a TOD Development. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 20”

2013 ~~2011~~ UNIVERSAL CYCLE - SURVEYOR CERTIFICATION OF DEVELOPMENT LOCATION POINT FOR MMRB AND NON-COMPETITIVE HC APPLICATIONS

Name of Development: _____ (Part III.A.1. of the 2013 ~~2011~~ Universal Cycle Application)

Development Location *: _____ (At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.) * If the Development consists of Scattered Sites, the Development Location stated above must reflect the Scattered Site where the Development Location Point is located.)

The undersigned Florida licensed surveyor confirms that the method used to determine the following latitude and longitude coordinates conforms to Rule 61G17-6, F.A.C.:

Table with 7 columns: State the Development Location Point, N Degrees, Minutes, Seconds (truncated after 1 decimal place), W Degrees, Minutes, Seconds (truncated after 1 decimal place)

*If the proposed Development will be financed with Florida Housing-issued MMRB and it consists of Scattered Sites, is a part of the boundary of each Scattered Site located within 1/2 mile of the Scattered Site with the most units? [] Yes or [] No (Must check one if Development consists of Scattered Sites.)^1

If the Corporation discovers that there are any false statements made in this certification, the Corporation will forward a copy to the State of Florida Department of Business and Professional Regulation for investigation.

CERTIFICATION - Under penalties of perjury, I declare that the foregoing statement is true and correct.

Signature

Print or Type Name and Title of Signatory

Florida License Number

Name of Surveyor

Address (street address, city, state)

Telephone Number (including area code)

^1 If the proposed Development will be financed with Florida Housing-issued MMRB and it meets the definition of Scattered Sites, a part of the boundary of each Scattered Site must be located within 1/2 mile of the Scattered Site with the most units.

“Scattered Sites,” as applied to a single Development, means a Development site that, when taken as a whole, is comprised of real property that is not contiguous (each such non-contiguous site within a Scattered Site Development, a “Scattered Site”). For purposes of this definition “contiguous” means touching at a point or along a boundary. Real property is contiguous if the only intervening real property interest is an easement provided the easement is not a roadway or street. (See Rules 67-48.002 and 67-21.002, F.A.C.);

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. If the certification is inappropriately signed the form will not be considered and the Application will fail to meet threshold. If this certification contains corrections or ‘white-out’, or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 22” (Supplemental MMRB App. Cycle); or Provide Behind a Tab Labeled “Exhibit 5” (4 Percent HC County HFA Bonds Application Form)

2011 UNIVERSAL CYCLE – SURVEYOR CERTIFICATION FOR COMPETITIVE HC APPLICATIONS

Name of Development: _____
 (Part III.A.1. of the 2011 Universal Cycle Application)

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 (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.) * If the Development consists of Scattered Sites, the Development Location stated above must reflect the Scattered Site where the Tie-Breaker Measurement Point is located.)

The undersigned Florida licensed surveyor confirms that the method used to determine the following latitude and longitude coordinates conforms to Rule 61G17-6, F.A.C.:

State the Tie-Breaker Measurement Point.†	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
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If the Development consists of Scattered Sites, is a part of the boundary of each Scattered Site located within 1/2 mile of the Scattered Site with the most units?
 Yes or No (Must check one if Development consists of Scattered Sites.)²

To be eligible for proximity tie-breaker points, Degrees and Minutes must be stated as whole numbers and Seconds must be truncated after 1 decimal place. The Corporation will utilize Street Atlas USA 2010, published by DeLorme, to determine the proximity of an eligible service to the proposed Development's Tie-Breaker Measurement Point.

Transit Service – State the latitude and longitude coordinates for one (1) Transit Service on the chart below.³

	Latitude			Longitude		
Public Bus Stop	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Public Bus Transfer Stop or Public Bus Rapid Transit Stop	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Public Rail Station	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)

Tier 1 and Tier 2 Services – State the Name, Address and latitude and longitude coordinates of the closest service(s) on the chart below.³

Tier 1 Services:	Latitude			Longitude		
Grocery Store: Name _____ Address _____	N _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Public School: Name _____ Address _____	N _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Medical Facility: Name _____ Address _____	N _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Senior Center: Name _____ Address _____	N _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Tier 2 Services:	Latitude			Longitude		
Public Park: Name _____ Address _____	N _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Community Center: Name _____ Address _____	N _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Pharmacy: Name _____ Address _____	N _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Public Library: Name _____ Address _____	N _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ -Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)

If the Corporation discovers that there are any false statements made in this certification, the Corporation will forward a copy to the State of Florida Department of Business and Professional Regulation for investigation.

CERTIFICATION – Under penalties of perjury, I declare that the foregoing statement is true and correct.

Signature _____ Print or Type Name and Title of Signatory _____ Florida License Number _____

Name of Surveyor _____ Address (street address, city, state) _____ Telephone Number (including area code) _____

UA1016 (Rev. 2-11)

67-48.004(1)(a); 67-21.003(1)(a), F.A.C.

Provide Behind a Tab Labeled "Exhibit 25"

This certification, consists of 2 pages. 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. If the certification is inappropriately signed, the Application will not be eligible to receive proximity tie-breaker points. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will not be eligible to receive proximity tie-breaker points. The Application may still be eligible for automatic points. The certification may be photocopied. To be considered for scoring purposes, at least page 1 of this 2-page certification form must be provided by the Applicant.

¹Tie-Breaker Measurement Point means a single point selected by the Applicant on the proposed Development site that is located within 100 feet of a residential building existing or to be constructed as part of the proposed Development. For a Development which consists of Scattered Sites, this means a single point on one of the Scattered Sites which comprise the Development site that is located within 100 feet of a residential building existing or to be constructed as part of the proposed Development. In addition, the Tie-Breaker Measurement Point must be located on the site with the most units.

²If the proposed Development meets the definition of Scattered Sites, a part of the boundary of each Scattered Site must be located within 1/2 mile of the Scattered Site with the most units. "Scattered Sites," as applied to a single Development, means a Development site that, when taken as a whole, is comprised of real property that is not contiguous (each such non-contiguous site within a Scattered Site Development, a "Scattered Site"). For purposes of this definition "contiguous" means touching at a point or along a boundary. Real property is contiguous if the only intervening real property interest is an easement provided the easement is not a roadway or street. (See Rules 67-48.002, F.A.C.)

³The latitude and longitude coordinates for all Proximity Services must represent a point as outlined below. The coordinates for each service must be stated in degrees, minutes and seconds, with the degrees and minutes stated as whole numbers and the seconds truncated after one decimal place. If the degrees and minutes are not stated as whole numbers and the seconds are not truncated after one decimal place, the Applicant will not be eligible for proximity tie-breaker points for that service.

The Corporation will utilize Street Atlas USA 2010, published by DeLorme, using the method described below, to determine the proximity of an eligible service to the proposed Development's Tie-Breaker Measurement Point:

Service	Location where latitude and longitude coordinates must be obtained																										
Grocery Store, Public School, Medical Facility, Community Center, Senior Center, Public Library and Pharmacy	Coordinates must represent a point that is on the doorway threshold of an exterior entrance that provides direct public access to the building where the service is located.																										
Public Park	Coordinates must represent a point that is on the premises; however, the point may not be located in the parking lot, street, or any area that is not intended for recreational activities. Additionally, if the area intended for recreational activities is enclosed, the coordinates must represent the public ingress/egress point of entry to the enclosed area.																										
Public Bus Stop, Public Bus Rapid Transit Stop, Public Bus Transfer Stop and Public Rail Station	<p>With the exception of SunRail Rail Stations, coordinates must represent the location where passengers may embark and disembark the bus or train. SunRail Rail Stations coordinates must represent the coordinates listed below:</p> <table border="1"> <thead> <tr> <th>Station Name</th> <th>Latitude/Longitude Coordinates</th> </tr> </thead> <tbody> <tr> <td>Altamonte Springs Station</td> <td>N 28 39 50.1, W 81 21 23.4</td> </tr> <tr> <td>Church Street Station</td> <td>N 28 32 20.3, W 81 22 50.6</td> </tr> <tr> <td>DeBary Station</td> <td>N 28 51 20.3, W 81 19 24.1</td> </tr> <tr> <td>Florida Hospital Station</td> <td>N 28 34 21.8, W 81 22 17.4</td> </tr> <tr> <td>Lake Mary Station</td> <td>N 28 45 31.8, W 81 19 04.3</td> </tr> <tr> <td>Longwood Station</td> <td>N 28 42 04.1, W 81 20 43.4</td> </tr> <tr> <td>LYNX Central Station</td> <td>N 28 32 52.2, W 81 22 51.0</td> </tr> <tr> <td>Maitland Station</td> <td>N 28 38 03.7, W 81 21 44.7</td> </tr> <tr> <td>Orlando Amtrak/ORMC Station</td> <td>N 28 31 39.5, W 81 22 55.6</td> </tr> <tr> <td>Sand Lake Road Station</td> <td>N 28 27 11.3, W 81 22 1.0</td> </tr> <tr> <td>Sanford/SR46 Station</td> <td>N 28 48 49.8, W 81 17 56.9</td> </tr> <tr> <td>Winter Park/Park Ave Station</td> <td>N 28 35 51.5, W 81 21 6.0</td> </tr> </tbody> </table>	Station Name	Latitude/Longitude Coordinates	Altamonte Springs Station	N 28 39 50.1, W 81 21 23.4	Church Street Station	N 28 32 20.3, W 81 22 50.6	DeBary Station	N 28 51 20.3, W 81 19 24.1	Florida Hospital Station	N 28 34 21.8, W 81 22 17.4	Lake Mary Station	N 28 45 31.8, W 81 19 04.3	Longwood Station	N 28 42 04.1, W 81 20 43.4	LYNX Central Station	N 28 32 52.2, W 81 22 51.0	Maitland Station	N 28 38 03.7, W 81 21 44.7	Orlando Amtrak/ORMC Station	N 28 31 39.5, W 81 22 55.6	Sand Lake Road Station	N 28 27 11.3, W 81 22 1.0	Sanford/SR46 Station	N 28 48 49.8, W 81 17 56.9	Winter Park/Park Ave Station	N 28 35 51.5, W 81 21 6.0
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If there is no exterior public entrance to the Tier 1 or Tier 2 Service, then a point should be used that is at the exterior entrance doorway threshold that is the closest walking distance to the doorway threshold of the interior public entrance to the service. For example, for a Pharmacy located within an enclosed shopping mall structure that does not have a direct public exterior entrance, the latitude and longitude coordinates at the doorway threshold of the exterior public entrance to the enclosed shopping mall that provide the shortest walking distance to the doorway threshold of the interior entrance to the Pharmacy would be used.

The Applicant may not use any other Tier 1 or Tier 2 Service for multiple point items unless they are separate functioning services that are housed at the same location. For instance, an Applicant may not use a Senior Center as both a Senior Center and a Community Center. However, Applicants may use the same latitude and longitude coordinates for the Grocery Store, Medical Facility and/or Pharmacy if the Grocery Store, Medical Facility and/or Pharmacy is housed at the same location.

2013 UNIVERSAL CYCLE - SURVEYOR CERTIFICATION FOR COMPETITIVE HC APPLICATIONS

Name of Development: _____
 (Part III.A.1. of the 2013 Universal Cycle Application)

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 (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)* If the Development consists of Scattered Sites, the Development Location stated above must reflect the Scattered Site where the Tie-Breaker Measurement Point is located.)

The undersigned Florida licensed surveyor confirms that the method used to determine the following latitude and longitude coordinates conforms to Rule 5J-17, F.A.C., formerly 61G17-6, F.A.C.:

****All calculations shall be based on "WGS 84" and be grid distances. The horizontal positions shall be collected to meet sub-meter accuracy (no autonomous hand-held GPS units shall be used).**

State the Tie-Breaker Measurement Point.¹	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
---	--------------------	---------------	--	--------------------	---------------	--

To be eligible for proximity tie-breaker points, Degrees and Minutes must be stated as whole numbers and Seconds must be truncated after 1 decimal place.

Transit Service – State the latitude and longitude coordinates for one (1) Transit Service on the chart below.²

	Latitude			Longitude		
Public Bus Stop	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Public Bus Transfer Stop	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Public Bus Rapid Transit Stop	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Public Rail Station	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Using the method described above**, the distance (rounded up to the nearest hundredth of a mile) between the coordinates of the Tie-Breaker Measurement Point and the coordinates of the Transit Service is:						_____ Miles

Tier 1 and Tier 2 Services - State the Name, Address and latitude and longitude coordinates of the closest service(s) on the chart below.²

Grocery Store:	Latitude			Longitude		
Name - _____ Address - _____ _____	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Using the method described above**, the distance (rounded up to the nearest hundredth of a mile) between the coordinates of the Tie-Breaker Measurement Point and the coordinates of the Grocery Store is:						_____ Miles

Public School:	Latitude			Longitude		
Name - _____ Address - _____ _____ _____	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Using the method described above**, the distance (rounded up to the nearest hundredth of a mile) between the coordinates of the Tie-Breaker Measurement Point and the coordinates of the Public School is:						_____ Miles

Medical Facility:	Latitude			Longitude		
Name - _____ Address - _____ _____ _____	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Using the method described above**, the distance (rounded up to the nearest hundredth of a mile) between the coordinates of the Tie-Breaker Measurement Point and the coordinates of the Medical Facility is:						_____ Miles

Senior Center:	Latitude			Longitude		
Name - _____ Address - _____ _____ _____	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Using the method described above**, the distance (rounded up to the nearest hundredth of a mile) between the coordinates of the Tie-Breaker Measurement Point and the coordinates of the Senior Center is:						_____ Miles

Public Park:	Latitude			Longitude		
Name - _____ Address - _____ _____ _____	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Using the method described above**, the distance (rounded up to the nearest hundredth of a mile) between the coordinates of the Tie-Breaker Measurement Point and the coordinates of the Public Park is:						_____ Miles

Community Center:	Latitude			Longitude		
Name - _____ Address - _____ _____ _____	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
Using the method described above**, the distance (rounded up to the nearest hundredth of a mile) between the coordinates of the Tie-Breaker Measurement Point and the coordinates of the Community Center is:						_____ Miles

¹Tie-Breaker Measurement Point means a single point selected by the Applicant on the proposed Development site that is located within 100 feet of a residential building existing or to be constructed as part of the proposed Development. For a Development which consists of Scattered Sites, this means a single point on one of the Scattered Sites which comprise the Development site that is located within 100 feet of a residential building existing or to be constructed as part of the proposed Development. In addition, the Tie-Breaker Measurement Point must be located on the site with the most units.

²The latitude and longitude coordinates for all Proximity Services must represent a point as outlined below. The coordinates for each service must be stated in degrees, minutes and seconds, with the degrees and minutes stated as whole numbers and the seconds truncated after one decimal place. If the degrees and minutes are not stated as whole numbers and the seconds are not truncated after one decimal place, the Applicant will not be eligible for proximity tie-breaker points for that service.

<u>Service</u>	<u>Location where latitude and longitude coordinates must be obtained</u>																										
Grocery Store, Public School, Medical Facility, Community Center, Senior Center, Public Library and Pharmacy	Coordinates must represent a point that is on the doorway threshold of an exterior entrance that provides direct public access to the building where the service is located.																										
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If there is no exterior public entrance to the Tier 1 or Tier 2 Service, then a point should be used that is at the exterior entrance doorway threshold that is the closest walking distance to the doorway threshold of the interior public entrance to the service. For example, for a Pharmacy located within an enclosed shopping mall structure that does not have a direct public exterior entrance, the latitude and longitude coordinates at the doorway threshold of the exterior public entrance to the enclosed shopping mall that provide the shortest walking distance to the doorway threshold of the interior entrance to the Pharmacy would be used.

The Applicant may not use any other Tier 1 or Tier 2 Service for multiple point items unless they are separate functioning services that are housed at the same location. For instance, an Applicant may not use a Senior Center as both a Senior Center and a Community Center. However, Applicants may use the same latitude and longitude coordinates for the Grocery Store, Medical Facility and/or Pharmacy if the Grocery Store, Medical Facility and/or Pharmacy is housed at the same location.

2013 ~~2011~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF STATUS OF SITE PLAN APPROVAL FOR MULTIFAMILY DEVELOPMENTS

Name of Development: _____
(Part III.A.1. of the ~~2013 2011~~ Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

Zoning Designation: _____

Mark the applicable statement:

1. The above-referenced Development is (a) new construction, or (b) rehabilitation with new construction, or (c) rehabilitation without new construction that requires additional site plan approval or similar process, and the final site plan, in the zoning designation stated above, was approved on or before the Application Deadline for the ~~2013 2011~~ Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) by action of the appropriate City/County legally authorized body; e.g. council, commission, board, department, division, etc., responsible for such approval process.

(Legally Authorized Body*).

2. The above-referenced Development is (a) new construction, or (b) rehabilitation with new construction, or (c) rehabilitation without new construction that requires additional site plan approval or similar process, and (i) this jurisdiction provides either preliminary site plan approval or conceptual site plan approval which has been issued, or (ii) site plan approval is required for the new construction work and/or the rehabilitation 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, in the zoning designation stated above, has been reviewed.

The necessary approval and/or review was performed on or before the Application Deadline for the ~~2013 2011~~ Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) by the appropriate City/County legally authorized body; e.g. council, commission, board, department, division, etc., responsible for such approval process.

(Legally Authorized Body*).

3. The above-referenced Development, in the zoning designation stated above, 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 to verify status of site plan approval
(Name of City or County)
as specified above and I further certify that the information stated above is true and correct.

Signature

Print or Type Name and Title

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 to meet threshold. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 26"

2013 2014 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF STATUS OF PLAT APPROVAL FOR SINGLE-FAMILY RENTAL DEVELOPMENTS

Name of Development: _____
(Part III.A.1. of the 2013 2014 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

Mark the applicable statement:

- 1. The above-referenced Development is (a) new construction, or (b) rehabilitation with new construction, or (c) rehabilitation without new construction that requires additional site plan approval or similar process, and the final plat was approved on or before the Application Deadline for the 2013 2014 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) by action of the appropriate City/County legally authorized body; e.g. council, commission, board, department, division, etc., responsible for such approval process. _____ (Legally Authorized Body*);
- 2. The above-referenced Development is new construction or rehabilitation with new construction and the preliminary or conceptual plat was approved on or before the Application Deadline for the 2013 2014 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) by action of the appropriate City/County legally authorized body; e.g. council, commission, board, department, division, etc., responsible for such approval process. _____ (Legally Authorized Body*);
- 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 authority to
(Name of City or County)
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

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 to meet threshold.

If this certification contains corrections or ‘white-out’, or if it is scanned, imaged, altered, or retyped, the form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 26”

2013 ~~2014~~ UNIVERSAL CYCLE - VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - ELECTRICITY

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

The undersigned service provider confirms that on or before the Application Deadline for the 2013 ~~2014~~ Universal Application Cycle (as stated on the FHFC Website _____ http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) :

1. Electricity is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining electric 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 electricity available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to electric service which are applicable to the proposed Development.

CERTIFICATION

I certify that the foregoing information is true and correct.

Signature

Name of Entity Providing Service

Print or Type Name

Address (street address, city, state)

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 form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 28"

2013 ~~2014~~ UNIVERSAL CYCLE - VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - WATER

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

The undersigned service provider confirms that on or before the Application Deadline for the 2013 ~~2014~~ Universal Application Cycle (as stated on the FHFC Website _____ http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) :

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	_____ Name of Entity Providing Service
_____ Print or Type Name	_____ Address (street address, city, state)
_____ 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 form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 29"

2013 ~~2014~~ UNIVERSAL CYCLE - VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - SEWER CAPACITY, PACKAGE TREATMENT, OR SEPTIC TANK

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

The undersigned service provider or permitting authority confirms that on or before the Application Deadline for the 2013 ~~2014~~ Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238)

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.

Signature

Name of Entity Providing Service

Print or Type Name

Address (street address, city, state)

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 form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 30"

2013 2014 UNIVERSAL CYCLE - VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - ROADS

Name of Development: _____
(Part III.A.1. of the 2013 2014 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

The undersigned local government representative confirms that on or before the Application Deadline for the 2013 2014 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238):

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, signalization, or securing required final approvals and permits for the proposed Development.
3. The execution of this verification is not a granting of traffic concurrency approval for 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

Name of Local Government

Print or Type Name

Address (street address, city, state)

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 form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 31"

2013 2014 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION THAT DEVELOPMENT IS CONSISTENT WITH ZONING AND LAND USE REGULATIONS

Name of Development: _____
(Part III.A.1. of the 2013 2014 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

The undersigned Local Government official confirms that on or before the Application Deadline for the 2013 2014 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238):

(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~~

(1) ~~(2)~~ The zoning designation for the above- referenced Development location site is _____; and

(2) ~~(3)~~ The proposed number of units and 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

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 to meet threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 32"

2013 ~~2014~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION THAT PERMITS ARE NOT REQUIRED FOR THIS DEVELOPMENT

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

Building permits: If no building permits are required for the rehabilitation of the referenced Development site, complete the following certification:

CERTIFICATION

I certify that the foregoing information is true and correct and that the City/County of _____
(Name of City / County)
has vested in me the authority to verify that the rehabilitation of the referenced Development site does not require the issuance of building permits. 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

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 this certification is applicable to this Development and it is inappropriately signed, this Application will fail to meet threshold.

If this certification contains corrections or ‘white-out’, or if it is scanned, imaged, altered, or retyped, the form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 32”

2013 ~~2011~~ UNIVERSAL CYCLE - VERIFICATION OF ENVIRONMENTAL SAFETY - PHASE I ENVIRONMENTAL SITE ASSESSMENT

Name of Development: _____
(Part III.A.1. of the ~~2013~~ 2011 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

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 site 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 ASTM Practice #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, the signatory must 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 presence or absence of asbestos or asbestos containing materials and lead based paint must be addressed either as a part of the Phase I ESA or as a separate report. The signatory must indicate which of the following (Item a. or b.) applies:

- a. the Phase I ESA referenced above addresses the presence or absence of asbestos or asbestos containing materials and lead based paint; 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, the signatory must indicate which of the following (Item a., b., or c.) applies:

- 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; or
- 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); or
- 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

Name of Firm that Performed the Phase I ESA

Print or Type Name of Signatory

Address of Environmental Firm (street address, city, state)

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 form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 33”

2013 ~~2011~~ UNIVERSAL CYCLE - VERIFICATION OF ENVIRONMENTAL SAFETY - PHASE II ENVIRONMENTAL SITE ASSESSMENT

Name of Development: _____
(Part III.A.1. of the 2013 ~~2011~~ Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

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-1903-97(2002).
(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

Name of Firm that Performed the Ph. II ESA

Print or Type Name of Signatory

Address of Environmental Firm (street address, city, state)

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 form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 34”

2013 ~~2014~~ UNIVERSAL CYCLE - VERIFICATION OF INCLUSION IN LOCAL HOMELESS ASSISTANCE CONTINUUM OF CARE PLAN BY LEAD AGENCY

Name of Development: _____
(Part III.A.1. of the 2013 ~~2014~~ Universal Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

Catchment Area: _____

Lead Agency (if it has been designated): _____

The Lead Agency for the Catchment Area identified above confirms that the Development identified above meets the following criteria:

1. The proposed Development is located within the Catchment Area identified above;
2. The nature and scope of the proposed Development is in conformance with the Local Homeless Assistance Continuum of Care Plan that is on file, at the time of Application Deadline, with the State Office on Homelessness; and
3. The proposed Development is specifically included in the list of activities to be undertaken as part of the implementation of the Local Homeless Assistance Continuum of Care Plan that is on file, at the time of Application Deadline, with the State Office on Homelessness.

CERTIFICATION BY THE LEAD AGENCY OF INCLUSION IN LOCAL HOMELESS CONTINUUM OF CARE PLAN:

I certify that the above information is true and correct.

Signature

Print or Type Name

Print or Type Agency Name

Print or Type Title

-OR-

The State Office on Homelessness confirms that the Development identified above meets the following criteria:

1. The proposed Development is located within the Catchment Area identified above, and
2. The proposed Development is in a Catchment Area for which no Local Homeless Assistance Continuum of Care Plan has been recognized by the State Office on Homelessness at the time of Application Deadline.

CERTIFICATION BY THE STATE OFFICE ON HOMELESSNESS THAT NO LOCAL HOMELESS CONTINUUM OF CARE PLAN EXISTS:

I certify that the above information is true and correct.

Signature

Print or Type Name

Print or Type Title

This certification must be signed by the authorized signatory from the Lead Agency or from the State Office on Homelessness. Other signatories are not acceptable. If the certification is inappropriately signed, the Application will not qualify for the Homeless Demographic Commitment. 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 Homeless Demographic Commitment. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 35"

2013 ~~2011~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION - GRANT

Name of Development: _____
(Part III.A.1. of the 2013 ~~2011~~ Universal Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

On or before the Application Deadline for the 2013 ~~2011~~ Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) the City/County of _____ committed \$ _____ as a grant to the _____
(Name of City or County)

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 (street address and city): _____

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

Print or Type Name

Telephone Number

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, 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. To be considered for points, the amount of the contribution stated on this form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

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

The Application may still be eligible for automatic points.

Provide Behind a Tab Labeled "Exhibit 36"

2013 2011 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION - FEE WAIVER

To be eligible to be considered for points, a sheet showing the computations by which the total amount of each fee waiver is determined must be attached to this verification form. Computations should include, where applicable, waived fee amount per set-aside unit.

Name of Development: _____
(Part III.A.1. of the 2011 Universal Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

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

On or before the Application Deadline for the 2011 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) the City/County of _____, pursuant to _____, waived the
(Name of City/County) (Reference Official Action, cite Ordinance or Resolution Number and Date)

following fees: _____

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 (street address and city): _____
Telephone Number: _____

CERTIFICATION

I certify that the foregoing information and the computations stated on the sheet attached to this form are true and correct and that this commitment is effective through _____.
Date (mm/dd/yyyy)

Signature _____ 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 chief appointed official (staff) responsible for such approvals, 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. To be considered for points, the amount of the contribution stated on this form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

This contribution will not be considered if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.
The Application may still be eligible for automatic points.

Provide Behind a Tab Labeled "Exhibit 37"

2013 ~~2014~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION - LOAN

To be eligible to be considered for points, a sheet showing the payment stream for which the net present value of the loan was calculated must be attached to this verification form.

Name of Development: _____
(Part III.A.1. of the 2011 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

On or before the Application Deadline for the 2011 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) the City/County of _____ committed \$ _____ in the form of a reduced interest rate loan
(Name of City or County) (loan amount)

to the Applicant for its use solely for 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 (street address and city): _____

Telephone Number: _____

CERTIFICATION

I certify that the foregoing information and the payment stream stated on the sheet attached to this form are true and correct and that this commitment is effective through _____.
Date (mm/dd/yyyy)

Signature Print or Type Name

Telephone Number Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, 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. To be considered for points, the amount of the contribution stated on this form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

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

The Application may still be eligible for automatic points.

Provide Behind a Tab Labeled "Exhibit 38"

2013 ~~2011~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION - FEE DEFERRAL

To be eligible to be considered for points, a sheet showing the payment stream for which the net present value of the fee deferral was calculated must be attached to this verification form.

Name of Development: _____
(Part III.A.1. of the 2011 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

Complete the following:

On or before the Application Deadline for the 2011 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) the City/County of _____ committed to defer \$ _____ in fees for the proposed Development (Name of City or County) 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 (street address and city): _____

Telephone Number: _____

CERTIFICATION

I certify that the foregoing information and the payment stream stated on the sheet attached to this form are true and correct and that this commitment is effective through _____ .
Date (mm/dd/yyyy)

Signature Print or Type Name

Telephone Number Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, 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. To be considered for points, the amount of the contribution stated on this form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

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

The Application may still be eligible for automatic points.

Provide Behind a Tab Labeled "Exhibit 39"

2013 ~~2011~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES EXPEDITED PERMITTING PROCESS FOR AFFORDABLE HOUSING

Name of Development: _____
(Part III.A.1. of the 2011 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

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

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for issues related to this incentive, 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 if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 40"

2013 ~~2011~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES CONTRIBUTIONS TO AFFORDABLE HOUSING PROPERTIES OR DEVELOPMENTS

Name of Development: _____
(Part III.A.1. of the 2011 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

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

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for issues related to this incentive, 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 if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 41"

2013 ~~2014~~ UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES MODIFICATION OF FEE REQUIREMENTS FOR AFFORDABLE HOUSING PROPERTIES OR DEVELOPMENTS

Name of Development: _____
(Part III.A.1. of the 2011 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

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

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for issues related to this incentive, 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 if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 42"

2013 ~~2014~~ UNIVERSAL CYCLE - 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: _____
(Part III.A.1. of the 2011 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, and/or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

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

Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for issues related to this incentive, 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 if the certification contains corrections or 'white-out' or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 43"

2013 ~~2014~~ UNIVERSAL CYCLE - COMMITMENT TO DEFER DEVELOPER FEE

_____ commits to defer up to
(Name of Developer – Part II.B.1.a. – see Note below)

\$ _____ of its Developer fee to offset any funding shortfall until the closing
of permanent financing for _____.
(Name of Development - Part III.A.1. of the 2013 ~~2014~~ Universal Cycle Application)

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

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 reflecting the portion of the Developer fee it is deferring.

If this certification contains corrections or ‘white-out’, or if it is scanned, imaged, altered, or
retyped, the form will not be considered. The certification may be photocopied.

Provide Behind a Tab Labeled “Exhibit 45” (~~Supplemental MMRB App. Cycle~~);
or
Provide Behind a Tab Labeled “Exhibit 10” (4 Percent HC County HFA Bonds Application Form)

4 PERCENT HC COUNTY HFA BONDS APPLICATION FORM

1. Applicant:

- a. Name of Applicant: _____
- b. Attach a listing of the Principals for the Applicant, including the percentage of ownership interest of each Principal, as **“Exhibit 1”** to this Application form.

2. Contact Person for this Application:

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

E-Mail Address: _____ Relationship to Applicant: _____

3. Developer:

- a. Name of each Developer (include all co-Developers): _____
- b. Attach a listing of the Principals for each Developer as **“Exhibit 2”** to this Application form.

4. Proposed Development Information:

- a. Name of Development: _____
- b. Location of Development Site:
 - (1) County: _____
 - (2) Address of Development Site:

Select the question(s) below that best applies to the proposed Development - question (a) or question (b) or both questions (a) and (b) below and provide the applicable information. If question (b) is selected, the Applicant must also select either question (b)(i) or question (b)(ii) below and, if question (b)(i) is selected, the name of the city must be stated.

(a) The following address number, street name and city has been assigned by the USPS:

or

(b) The address has not yet been assigned by the USPS: _____

 (Street Name and closest designated intersection)

and

(i) The proposed Development is located within the city limits of: _____
 (Name of City)

or

(ii) The proposed Development is located within the unincorporated area of the County.

(3) Local Jurisdiction:

(a) Name of local jurisdiction where Development is located: _____.
If Development is located within a municipality (incorporated city, town, or village) the municipality must be specified.

(b) Name of Chief elected official: First: _____ Middle Initial: ____ Last: _____
Title: _____
Street Address: _____
City: _____ State: ____ Zip: _____
Telephone No. (including area code): _____

c. Total number of units:

(1) Total number of units in proposed Development: _____

(2) Total number of new construction units: _____ and total number of rehabilitation units: _____

(3)~~(2)~~ Total number of rental assistance units: _____
(the number of units that receive and/or will receive PBRA and/or ACC)

d. Total number of buildings in proposed Development: _____

e. Indicate which of the following questions apply to the proposed Development and provide the required information:

(1) The proposed Development is located in the following DDA: _____

(2) The proposed Development is located in the following QCT: _____. A copy of a letter from the local planning office or census bureau which verifies that the proposed Development is located in the referenced QCT is provided as **“Exhibit 3”** to this Application form.

(3) The Applicant indicated that the proposed Development is located in a DDA and/or QCT at questions (1) and/or (2) above and the proposed Development is the first phase of a multiphase Development as defined in Section 4.e.(3) of the Instructions to this Application form.

(4) The Applicant is applying for Housing Credits for eligible acquisition expenses. If this applies to the proposed Development, answer the following questions:

(a) Is/are the building(s) acquired or to be acquired from a related party? Yes No

(b) Name of previous owner: _____

(c) Relationship to Applicant: _____

(d) Date Development originally placed in service: _____
(mm/dd/yyyy)

(e) Date (mm/dd/yyyy) and cost of last rehabilitation: _____

(f) Describe acquisition facts and circumstances relative to Section 42(d), IRC (“10-year rule”):

(g) Is a waiver of the 10-year rule being sought by the Applicant? Yes No
Explain why or why not: _____

- (5) The proposed Development will receive historic Housing Credits in the amount of \$_____.
- (6) The Applicant is applying for Housing Credits for eligible Rehabilitation expenses. The estimated qualified basis in Rehabilitation expenses per set-aside unit within one 24-month period for the building(s) being Rehabilitated is \$_____.

- f. Development Category:
- Rehabilitation
 - Acquisition and Rehabilitation
 - Redevelopment
 - Acquisition and Redevelopment
 - Preservation
 - Acquisition and Preservation
 - New Construction

If Redevelopment, Acquisition and Redevelopment, Preservation or Acquisition and Preservation is selected, provide the required documentation as **“Exhibit 4”** to this Application form.

g. Development Type: _____

- h. Demographic Commitment:
- Elderly
 - Homeless
 - Family
 - Farmworker/Commercial Fishing Worker

i. Provide the Surveyor Certification of Development Location Point for MMRB and Non-Competitive HC Applications form as **“Exhibit 5”** to this Application form.

j. Set-Aside Commitment:

- (1) Indicate the minimum set-aside:
- 20% of units at 50% AMI or less
 - 40% of units at 60% AMI or less
 - Deep rent skewing option as defined in Section 42, IRC, as amended

(2) Complete the Set-Aside Breakdown Chart:

Percentage of Residential Units Commitment for non-competitive HC	AMI Level
%	At or Below 25%
%	At or Below 28%
%	At or Below 30%
%	At or Below 33%
%	At or Below 35%
%	At or Below 40%
%	At or Below 45%
%	At or Below 50%
%	At or Below 60%
Total Set-Aside Percentage:	%

(3) Indicate the total number of years the Applicant irrevocably commits to set aside units in the proposed Development: _____ affordability period: ~~50 or more years~~ ~~45 to 49 years~~ ~~40 to 44 years~~ ~~35 to 39 years~~ ~~31 to 34 years~~ ~~30 years~~

5. Funding:

a. Non-competitive HC funding request (annual amount): \$ _____

b. Finance Documents:

- (1) If the credit underwriting for the bonds is complete, provide a complete copy of the final credit underwriting report as **“Exhibit 6”** to this Application form.
- (2) If the credit underwriting for the bonds has not been completed or has been completed by a credit underwriter not under contract with the Corporation, provide the following information:
 - (a) Provide the completed Development Cost Pro-Forma, the Detail/Explanation Sheet, if applicable, the Construction or Rehab Analysis, and the Permanent Analysis as **“Exhibit 6”** to this Application form.
 - (b) Bond Financing –
 - i. State the name of the assigned Credit Underwriter for the bonds: _____; and
 - ii. Provide a copy of the inducement resolution or acknowledgement resolution awarding the Bonds as **“Exhibit 7”** to this Application form.
 - (c) Housing Credit Equity –

Provide the following documentation, as applicable, as **“Exhibit 8”** to this Application form:

 - i. If the equity agreement has closed, provide a copy of the closed limited partnership agreement or limited liability company operating agreement; or
 - ii. If the equity agreement has not closed, provide a copy of the equity commitment, executed by both parties.
 - (d) Other Financing –

Provide a copy of all other funding commitments that will be used as a source of financing for the proposed Development as **“Exhibit 9”** to this Application form.
 - (e) Deferred Developer Fee –

For each Developer committing to defer some or all of the Developer fee, provide a completed and executed Commitment to Defer Developer Fee form as **“Exhibit 10”** to this Application form.

6. Certification:

By completing, executing and submitting this Application (pages 1 through 5 and all applicable exhibits), the Applicant certifies and acknowledges that:

- a. The proposed Development can be completed and operating within the development schedule and budget (i) outlined in the final credit underwriting report submitted with the Application form, or (ii) submitted to the Corporation as a part of the Application form.
- b. The Applicant will promptly furnish such other supporting information, documents, and pay such fees as may be requested or required by the Corporation and/or the Credit Underwriter.
- c. If the Applicant enters credit underwriting at its own risk, the Applicant understands and agrees that the Corporation is not responsible or liable for actions taken by the Applicant in reliance on a conditional credit underwriting invitation by the Corporation. If the Applicant elects to enter credit underwriting based on a conditional credit underwriting invitation, the Applicant understands and agrees that it is doing so at Applicant’s sole risk and, by its execution below, accepts such risk as its own, and hereby waives any and all claims and actions for damages or costs against Florida Housing and/or the Credit Underwriter in connection therewith.

- d. 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 and tenants who are participating in and/or have successfully completed the training provided by welfare to work or self-sufficiency type programs.
- e. The Applicant commits to participate in the statewide housing locator system, as required by Florida Housing.
- f. The Applicant and all Financial Beneficiaries have read all applicable Corporation rules governing this Application form and have read the Instructions for completing this Application form and will abide by the applicable Florida Statutes and administrative rules, including, but not limited to, Rule Chapter 67-48, Florida Administrative Code. 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.
- g. The undersigned understands and agrees that the Applicant must submit IRS Forms 8821 for all Financial Beneficiaries prior to Final Housing Credit Allocation.
- h. The undersigned is authorized to bind the Applicant and all Financial Beneficiaries to this certification and warranty of truthfulness and completeness of the Application form.

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

Name (typed or printed)

Title (typed or printed)

This 4 Percent HC County HFA Bonds Application Form will fail threshold if the completed Application Form, reflecting an original signature, is not provided in the copy labeled "Original Hard Copy" or if the Application Form contains corrections or 'white-out' or is scanned, imaged, altered, or retyped. Signatures in blue ink are preferred. The Application Form may be photocopied.