

2011 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF STATUS OF PLAT APPROVAL FOR SINGLE-FAMILY RENTAL 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, 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 new construction or rehabilitation with new construction and the final plat was approved 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) by action of _____ (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 2011 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) by action of _____ (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
(Name of City or County)
authority to verify status of plat approval as specified above and I further certify that the information above is true and correct.

Signature

Print or Type Name

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”