

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

Name of Development: _____
(Part III.A.1. of the 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"