

2009 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.

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. If applying for the HOME Program, the Applicant and all Financial Beneficiaries have read, understand and will comply with 24 CFR Part 92, as amended, and all related federal regulations.

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

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

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

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

Signature of Applicant

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" at Application Deadline 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.

Exhibit ____

2009 Universal Cycle – Declaration of Priority I Related Applications

The following is a listing of the Development Name and County for **All** of the Related Applications within the Pool of Related Applications designated as Priority I Applications.

Development Name for Each Related Application Designated as a Priority I Application	County (where Development will be located)

If this declaration form contains corrections or ‘white-out’ or if it is scanned, imaged, altered or retyped, the Application will be deemed to be a Priority II Application. This form may be photocopied.

**2009 UNIVERSAL CYCLE - DEVELOPER OR PRINCIPAL OF
DEVELOPER CERTIFICATION**

Name of Development: _____

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 (if available): _____

Relationship to Applicant: _____

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

Signature of Developer or Principal of Developer

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, the Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - MANAGEMENT AGENT OR PRINCIPAL OF
MANAGEMENT AGENT CERTIFICATION**

Name of Development: _____

Name of Management Agent: _____

Name of principal of Management Agent, if applicable: _____

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

Telephone of Management Agent: _____

I certify that I have the requisite skills and knowledge of affordable housing management requirements to successfully manage the units proposed by this Application and that I have specific experience in the management of affordable rental housing and have successfully managed at least two affordable rental housing properties for at least two years each, at least one of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application, as evidenced by the prior experience chart provided in this Application. 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 Agent or principal of Management Agent

Print or Type Name of Signatory

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

**2009 UNIVERSAL CYCLE - GENERAL CONTRACTOR OR QUALIFYING AGENT
OF GENERAL CONTRACTOR CERTIFICATION**

Name of Development: _____

Name of General Contractor: _____

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

Address of General Contractor: _____
(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 67-21 and/or 67-48, F.A.C., and licensed in the State of Florida with the requisite skills, experience and credit worthiness to successfully produce the units proposed by this Application and that I have been the General Contractor on at least two completed developments of similar development category and development type, at least one of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application, as evidenced by the prior experience chart provided in this Application. I further certify that I will construct the proposed Development in accordance with the design plans and specifications as prepared by the licensed Architect/Engineer. 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, the Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - ARCHITECT OR ENGINEER
CERTIFICATION**

Name of Development: _____

Name of Architect or Engineer: _____

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

Telephone of Architect or Engineer: _____

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

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

Architect or Engineer's Signature

Print or Type Name of Signatory

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

**2009 UNIVERSAL CYCLE - ATTORNEY CERTIFICATION
FOR MMRB OR HOME APPLICATIONS ONLY**

Name of Development: _____

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, the Application will fail to meet threshold. The certification may be photocopied.

2009 UNIVERSAL CYCLE - ATTORNEY CERTIFICATION
4% (Competitive and Non-Competitive)
and/or 9% (Competitive)
HOUSING CREDIT APPLICATIONS ONLY

Name of Development: _____

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, the Application will fail to meet threshold. The certification may be photocopied.

2009 UNIVERSAL CYCLE - CERTIFICATION OF ACCOUNTANT

Name of Development: _____

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, the Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - SERVICE PROVIDER OR PRINCIPAL
OF SERVICE PROVIDER CERTIFICATION**

ASSISTED LIVING FACILITY DEVELOPMENTS ONLY

Name of Development: _____

Name of Service Provider: _____

Name of principal of Service
Provider, if applicable: _____

Address of Service Provider: _____
(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 assisted living facilities for at least two years each, at least one of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application, as evidenced by the prior experience chart provided in this Application, and that I am knowledgeable of all federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973 and Titles II and III of the Americans with Disabilities Act of 1990 as implemented by 28 CFR 35, Assisted Living Facility and licensure requirements as implemented by Chapter 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, the Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF
QUALIFICATION AS URBAN IN-FILL DEVELOPMENT**

Name of Development: _____

Development Location: _____

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

Local Government: _____

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

identified above meets the following criteria:

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

CERTIFICATION

I certify that the above information is true and correct.

Signature

Print or Type Name

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 and will fail threshold. The certification may be photocopied.

2009 UNIVERSAL CYCLE - SURVEYOR CERTIFICATION

Name of Development: _____

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

* If the Development consists of Scattered Sites, the Development Location stated above must reflect the 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. Tie-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.	Latitude			Longitude		
	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)
If the Development consists of Scattered Sites, is a part of the boundary of each site located within 1/2 mile of the site with the most units? <input type="checkbox"/> Yes or <input type="checkbox"/> No (Must check one if Development consists of Scattered Sites.)						
Scattered Sites for a single Development means a Development consisting of real property in the same county (i) any part of which is not contiguous ("non-contiguous parts") or (ii) any part of which is divided by a street or easement ("divided parts") and (iii) it is readily apparent from the proximity of the non-contiguous parts or the divided parts of the real property, chain of title, or other information available to the Corporation that the non-contiguous parts or the divided parts of the real property are part of a common or related scheme of development. (See Rules 67-48.002 and 67-21.002, F.A.C.)						
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 2009, published by DeLorme, to determine the proximity of an eligible service to the proposed Development's Tie-Breaker Measurement Point.						

Location of closest Public Bus Stop or Metro-Rail Stop	Latitude			Longitude		
	N _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)	W _____ Degrees	_____ Minutes	_____ Seconds (truncated after 1 decimal place)

State the name, Address and latitude and longitude coordinates of the closest service(s) on the chart below. The latitude and longitude coordinates for each service 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. If there is no exterior public entrance to the 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.

	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)
Pharmacy: 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 of Signatory _____ Print or Type Title of Signatory _____ Florida License Number _____

Name of Surveyor _____ Address (street address, city, state) _____ 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. If the certification is inappropriately signed, the Application will not 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 receive proximity tie-breaker points and will fail to meet threshold. The Application may still be eligible for automatic points. The certification may be photocopied. **Address of Services for purposes of this certification form means, at a minimum, street address and city.

**2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF STATUS
OF SITE PLAN APPROVAL FOR MULTIFAMILY DEVELOPMENTS**

Name of Development: _____

Development Location: _____

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

Development Type: _____
(Part III.A.4. of 2009 Universal Cycle Application)

Total Number of Units in Development: _____
(Part III.A.6. of 2009 Universal Cycle Application)

Zoning Designation: _____

Mark the applicable statement:

1. The above-referenced Development is new construction or rehabilitation with new construction and the final site plan, in the zoning designation stated above, was approved by action of the _____ on _____.
(Legally Authorized Body*) Date (mm/dd/yyyy)**

2. The above-referenced Development is new construction or rehabilitation with new construction and this jurisdiction provides either preliminary site plan approval or conceptual site plan approval. The preliminary or conceptual site plan, in the zoning designation stated above, was approved by action of the _____ on _____.
(Legally Authorized Body*) Date (mm/dd/yyyy)**

3. The above-referenced Development is new construction or rehabilitation with new construction and requires site plan approval for the new construction work. However, this jurisdiction provides neither preliminary site plan approval nor conceptual site plan approval, nor is any other similar process provided prior to issuing final site plan approval. Although there is no preliminary or conceptual site plan approval process and the final site plan approval has not yet been issued, the site plan, in the zoning designation stated above, was reviewed by _____ on _____.
(Legally Authorized Body*) Date (mm/dd/yyyy)**

4. 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.

** Date must be "on or before" the Application Deadline.

CERTIFICATION

I certify that the City/County of _____ has vested in me the authority to verify status of
(Name of City or County)
site plan approval as specified above and I further certify that the information stated 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 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 Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF STATUS
OF PLAT APPROVAL FOR SINGLE-FAMILY RENTAL DEVELOPMENTS**

Name of Development: _____

Development Location: _____

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

Mark the applicable statement:

1. The above-referenced Development is new construction or rehabilitation with new construction and the final plat was approved by action of _____ on _____.
(Legally Authorized Body*) (Date – mm/dd/yyyy)**

2. The above-referenced Development is new construction or rehabilitation with new construction and the preliminary or conceptual plat was approved by action of _____ on _____.
(Legally Authorized Body*) (Date – mm/dd/yyyy)**

3. The above-referenced Development is rehabilitation without any new construction and does not require additional plat approval.

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

** Date must be “on or before” the Application Deadline.

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 Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - VERIFICATION OF AVAILABILITY OF
INFRASTRUCTURE - ELECTRICITY**

Name of Development: _____

Development Location: _____

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

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

1. 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.

* Date must be "on or before" the Application Deadline.

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 Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - VERIFICATION OF AVAILABILITY
OF INFRASTRUCTURE - WATER**

Name of Development: _____

Development Location: _____

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

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

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

* Date must be "on or before" the Application Deadline.

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 Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - VERIFICATION OF AVAILABILITY OF
INFRASTRUCTURE - SEWER CAPACITY, PACKAGE TREATMENT, OR SEPTIC TANK**

Name of Development: _____

Development Location: _____

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

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

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

* Date must be "on or before" the Application Deadline.

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 Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - VERIFICATION OF AVAILABILITY OF
INFRASTRUCTURE - ROADS**

Name of Development: _____

Development Location: _____

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

The undersigned local government representative confirms that on or before _____:

Date (mm/dd/yyyy)*

1. Existing paved roads provide access to the proposed Development or paved roads will be constructed as part of the proposed Development.
2. There are no impediments to the proposed Development using the roads other than payment of impact fees or providing curb cuts, turn lanes, 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.

* Date must be "on or before" the Application Deadline.

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 Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION THAT DEVELOPMENT IS
CONSISTENT WITH ZONING AND LAND USE REGULATIONS**

Name of Development: _____

Development Location: _____

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

Development Type: _____
(Part III.A.4. of 2009 Universal Cycle Application)

Total Number of Units in Development: _____
(Part III.A.6. of 2009 Universal Cycle Application)

The undersigned Local Government official confirms that on or before _____ :
Date (mm/dd/yyyy)*

(1) The number of units (not buildings) allowed for this development site (if restricted) is: _____
and/or
if a PUD, the number of units (not buildings) allowed per development site is: _____
or
if not a PUD and development site is subject to existing special use or similar permit, number
of units allowed for this development site is: _____; and

(2) The zoning designation for the referenced Development site is _____; and

(3) The intended use is consistent with current land use regulations and the referenced zoning designation or, if the Development consists of rehabilitation, the intended use is allowed as a legally non-conforming use. To the best of my knowledge, there are no additional land use regulation hearings or approvals required to obtain the zoning classification or density described herein. Assuming compliance with the applicable land use regulations, there are no known conditions which would preclude construction or rehabilitation (as the case may be) of the referenced Development on the proposed site.

* Date must be "on or before" the Application Deadline.

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 Application will fail to meet threshold. The certification may be photocopied.

**2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION THAT
PERMITS ARE NOT REQUIRED FOR THIS DEVELOPMENT**

Name of Development: _____

Development Location: _____

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

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 _____ has vested in me the authority to verify that the rehabilitation of the _____
(Name of City / County)

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 Application will fail to meet threshold. The certification may be photocopied.

2009 UNIVERSAL CYCLE - VERIFICATION OF ENVIRONMENTAL SAFETY - PHASE I ENVIRONMENTAL SITE ASSESSMENT

Name of Development: _____

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

As a representative of the firm that performed the Phase I Environmental Site Assessment (ESA), I certify that a Phase I ESA of the above referenced Development 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 Application will fail to meet threshold. The certification may be photocopied.

2009 UNIVERSAL CYCLE - VERIFICATION OF ENVIRONMENTAL SAFETY - PHASE II ENVIRONMENTAL SITE ASSESSMENT

Name of Development: _____

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

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

1. A Phase II ESA of the above referenced Development location was required or recommended by the Phase I ESA. The Phase II ESA was conducted by the undersigned environmental firm as of _____ in accordance with ASTM Practice #E-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 Application will fail to meet threshold. The certification may be photocopied.

2009 UNIVERSAL CYCLE - VERIFICATION OF INCLUSION IN LOCAL HOMELESS ASSISTANCE CONTINUUM OF CARE PLAN BY LEAD AGENCY

Name of Development: _____

Development Location: _____

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

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 and will fail threshold. The certification may be photocopied.

**2009 Universal Cycle – Applicant Notification to Special Needs Household
Referral Agency**

To: _____

(Names of ALL participating Special Needs Household Referral Agencies for the county where the proposed Development will be located, as included on the Florida Housing Finance Corporation Special Needs Household Referral Agency Participation List. The participation list is available on the Corporation's Website www.floridahousing.org.)

From: _____

(Name of Applicant, Name of Contact Person, and mailing Address)

This notification is to inform your agency, serving as a participating Special Needs Household Referral Agency, that our organization is planning to apply for funding from Florida Housing Finance Corporation in its 2009 Universal Application Cycle to develop affordable rental housing in _____ County and, if funded (i) a minimum of 50 percent of the units

Name of County

set aside for Extremely Low Income (ELI) Households will be reserved for a Special Needs Households, as defined in Rule 67-48.002, F.A.C., and (ii) during the credit underwriting phase a determination will be made as to the population(s) to be served and the applicable agreement(s) will be entered into between our organization and the applicable participating agency/agencies.

The following is preliminary information regarding the proposed Development:

Name of proposed Development: _____

Development Location: _____

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

Total Number of Units in proposed Development: _____

Signature of Applicant

Name (typed or printed)

Title (typed or printed)

This notification will not be considered and the Application will fail threshold if the notification contains corrections or 'white-out' or if the notification is scanned, imaged, altered, or retyped. This notification form may be photocopied.

Exhibit ____

**2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION
OF CONTRIBUTION - GRANT**

Name of Development: _____

Development Location: _____

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

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

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

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

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

Name of Government Contact: _____

Address (street address and city): _____

Telephone Number: _____

* Date must be "on or before" the Application Deadline.

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 and the Application will fail threshold 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.

2009 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: _____

Development Location: _____

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

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

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

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

_____.

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

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

Name of Government Contact: _____

Address (street address and city): _____

Telephone Number: _____

* Date must be "on or before" the Application Deadline.

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 and the Application will fail threshold 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.

**2009 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: _____

Development Location: _____

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

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

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

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

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

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

Name of Government Contact: _____

Address (street address and city): _____

Telephone Number: _____

* Date must be "on or before" the Application Deadline.

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 and the Application will fail threshold 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.

2009 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: _____

Development Location: _____

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

Complete the following:

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

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

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

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

Name of Government Contact: _____

Address (street address and city): _____

Telephone Number: _____

* Date must be "on or before" the Application Deadline.

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 and the Application will fail threshold 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.

2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES EXPEDITED PERMITTING PROCESS FOR AFFORDABLE HOUSING

Name of Development: _____

Development Location: _____

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

Name of City or County Government: _____

Name of Jurisdiction that will issue building permits: _____

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

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

adopted _____.
Date (mm/dd/yyyy)

CERTIFICATION

I certify that the above information is true and correct.

Signature

Print or Type Name

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

2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES CONTRIBUTIONS TO AFFORDABLE HOUSING PROPERTIES OR DEVELOPMENTS

Name of Development: _____

Development Location: _____

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

Name of City or County Government _____

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

CERTIFICATION

I certify that the above information is true and correct.

Signature

Print or Type Name

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

2009 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF AFFORDABLE HOUSING INCENTIVES MODIFICATION OF FEE REQUIREMENTS FOR AFFORDABLE HOUSING PROPERTIES OR DEVELOPMENTS

Name of Development: _____

Development Location: _____

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

Name of City or County Government: _____

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

CERTIFICATION

I certify that the above information is true and correct.

Signature

Print or Type Name

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

2009 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: _____

Development Location: _____

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

Name of City or County Government: _____

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

CERTIFICATION

I certify that the above information is true and correct.

Signature

Print or Type Name

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.

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2009 UNIVERSAL CYCLE - COMMITMENT TO DEFER DEVELOPER FEE

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

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

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

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

Signature

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 Application will fail to meet threshold. The certification may be photocopied.