

COMMUNITY SERVICE CERTIFICATION FORM

One form must be completed for every Community Service offered. MHC will give a 2 point preference to applicants whose developments have Advanced Community Services/Classes that are provided by a third party Service Provider. The below described service (or an approved comparable substitute service) must be provided for the entire compliance period. All services will be monitored during annual audits.

Development

Development Name			
Development Location			
Targeted Population		Number of Units	

Owner

Ownership Entity			
Mailing Address			
Contact Person		Title	
Phone Number		Email	

Service Provider

Provider Name			
Mailing Address			
Contact Person		Title	
Phone Number		Email	
Website			

Service Information

Type of Service			
Location of Service		If off-site, specify	
Frequency of Service		Length of Initial Term	
Annual Cost of Program	Developer Cost	Tenant Cost	

Description of Service *(Provide brochures, attachments, or additional information if applicable.)*

Certification

I hereby certify that the foregoing information is true and correct. Additionally, all information represented herein is supported by the attached contract.

SERVICE PROVIDER

By: _____

Its: _____

Date: _____

OWNER

By: _____

Its: _____

Date: _____