2009 QUALIFIED ALLOCATION PLAN
CONSTRUCTION CERTIFICATION FORM

Development Name: _____

Development Location: _____

The undersigned Architect/Engineer, General Contractor, and Ownership Entity for the above referenced development, hereby certify to the following:

- The Drawings and Description of Materials or Physical Needs Assessment submitted with the application are in compliance with the Corporation's Minimum Design, Development, and Materials Standards (Refer to pages 44 – 49 of the QAP).
- The proposed construction/rehabilitation and the plans will meet the applicable building code and permitting requirements of the local jurisdiction.
- The site development will meet all federal, state, and local requirements.
- The design will meet all applicable permit requirements of the local, state, and federal jurisdictions.

ARCHITECT/ENGINEER ACKNOWLEDGMENT

_____ By:_____
(Architect/Engineer Firm)

Date:_____ Its:_____

License #:_____

WITNESS OF SIGNATURE

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20____,
Before me, the undersigned notary public, personally appeared _____
proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

_____
Signature of Notary Public

_____
Commission Expiration Date

GENERAL CONTRACTOR ACKNOWLEDGMENT

_____ By:_____
(General Contractor Company)

Date:_____ Its:_____

WITNESS OF SIGNATURE

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20____,
Before me, the undersigned notary public, personally appeared _____
proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

_____
Signature of Notary Public

_____
Commission Expiration Date

OWNERSHIP ENTITY ACKNOWLEDGMENT

_____ By:_____
(Ownership Entity)

Date:_____ Its:_____

WITNESS OF SIGNATURE

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20____,
Before me, the undersigned notary public, personally appeared _____
proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

_____
Signature of Notary Public

_____
Commission Expiration Date