LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION - FEE WAIVER FORM

Name of Development:	
Development Location: (At a minimum, provide the address number, street name and city, and/or pricty (if located within a city) or county (if located in the unincorporated are Development Location stated above must reflect the Scattered Site where the street of the s	ea of the county). If the Development consists of Scattered Sites, the
On or before the Application Deadline, the City/County of	, pursuant to
On or before the Application Deadline, the City/County of	(Name of City or County)
(Reference Official Action, cite Ordinance or Resolution Number and Date	, waived the following fees:
Amount of Fee Waiver: \$	
No consideration or promise of consideration has been given foregoing, the promise of providing affordable housing effective as of the Application Deadline referenced above, Development.	does not constitute consideration. This fee waiver is and is provided specifically with respect to the proposed
CERTIFIC	CATION
I certify that the foregoing information is true and correct at date required in the applicable RFA.	nd that this commitment is effective at least through the
Signature	Print or Type Name
	Print or Type Title
NOTE TO LOCAL GOVERNMENT OFFICIAL: Waivers that a are instead of general benefit to the area in which the Development. Further, the fact that no impact fees or other fees a DOES NOT constitute a "Local Government Contribution" to the the local jurisdiction but the nature of the proposed Development subject to impact fees), for purposes of this form, no "Local Government Contribution" to the the local jurisdiction but the nature of the proposed Development subject to impact fees), for purposes of this form, no "Local Government"	opment is located will NOT qualify as a contribution to the are levied by a local jurisdiction for ANY type of development proposed Development. Similarly, if such fees ARE levied by exempts it (e.g., typically, a Rehabilitation Development is not
This certification must be signed by the chief appointed official County Manager/Administrator/Coordinator, Chairperson of the County Commissioners. Other signatories are not acceptable. To certification is improperly signed. To be considered for points, precise dollar amount and cannot include words such as estimated.	e City Council/Commission or Chairperson of the Board of the Applicant will not receive credit for this contribution if the the amount of the contribution stated on this form must be a
If the Application is not eligible for automatic points, this concorrections or 'white-out' or if the certification is altered or retype	
Please note: This form may be modified by Florida Housing Finan	nce Corporation per Section 67-60.005, F.A.C.
(Form Rev. 01-14)	
RFA	