FLORIDA HOUSING FINANCE CORPORATION

Elderly Housing Community Loan FIRST MORTGAGEE CERTIFICATION

Name of Development:	
Development Location:	
Development Location:(At a minimum, provide the address number, street name and city)	
N. CELLAN.	
Name of First Mortgagee:	
Contact Person:	
Address of First Mortgagee:	
Phone Number:	Email Address:
CERTI	IFICATION
I hereby certify that the intent to apply for the Elde Applicant for above referenced Development has be approved for submission for funding through the E	been reviewed by the undersigned and is hereby
Signature of Authorized Representative	Print Name
Title of Authorized Representative	- Date