

**FLORIDA HOUSING FINANCE CORPORATION  
SERVICES COORDINATOR OR PRINCIPAL OF SERVICES COORDINATOR  
CERTIFICATION**

Name of Services Coordinator: \_\_\_\_\_

Address of Services Coordinator: \_\_\_\_\_

Date that the Services Coordinator began providing supportive services coordination for the Demographic of the proposed Development: \_\_\_\_\_ (This must be at least 5 years prior to the Application Deadline.)

Name of Development: \_\_\_\_\_

I certify that my organization has the requisite skills and knowledge to successfully provide supportive services coordination for all of the intended residents of the proposed Development. My organization also has the requisite capacity to provide supportive services coordination for as many of the intended residents at the proposed Development as seek such assistance. I further certify that I am knowledgeable of 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 to the provision of services coordination for the intended residents of the proposed Development. I further certify that I will enter into a legal contract with the Applicant of the proposed Development to demonstrate services that will be provided. That contract shall be for a period of no less than three years from the date the Applicant receives the Development's Certificate of Occupancy. I understand that Florida Housing Finance Corporation and the Agency for Persons with Disabilities may also participate in the negotiation of the legal contract to ensure that the residents' needs are met. I further certify that the information provided above is true and correct.

\_\_\_\_\_  
Signature of Services Coordinator or principal of Services Coordinator

\_\_\_\_\_  
Print or Type Name of Signatory

\_\_\_\_\_  
Signature of Authorized Principal Representative stated in Exhibit A

\_\_\_\_\_  
Print or Type Name of Signatory