

**FLORIDA HOUSING FINANCE CORPORATION
RESIDENT COMMUNITY-BASED SERVICES COORDINATION PROVIDER OR
PRINCIPAL OF RESIDENT COMMUNITY-BASED SERVICES COORDINATION
PROVIDER CERTIFICATION**

Name of Resident Community-Based Services Coordination Provider: _____

Address of Resident Community-Based Services Coordinator: _____

Date that the Resident Community-Based Services Coordination Provider began providing services, for the Demographic of the proposed Development, as described in the Resident Community-Based Services Coordination. _____ (This must be at least 5 years prior to the Application Deadline.)

Name of Development: _____

I certify that my organization has the requisite skills, knowledge, and experience to successfully provide Resident Community-Based Services Coordination for all of the intended residents of the proposed Development. My organization also has the requisite capacity to provide Resident Community-Based 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 FHFC and the State agency with primary responsibility for administering publicly funded supportive services for intended Demographic 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

“Resident Community-Based Services Coordination”, for the purposes of this form, means a formalized process of assisting a resident or resident household to evaluate, identify, access, and/or maintain resident-specific community-based services and resources that facilitate a resident’s or resident household’s permanent housing stability and help them meet their self-sufficiency objectives.