## FLORIDA HOUSING FINANCE CORPORATION LOCAL GOVERNMENT VERIFICATION THAT DEVELOPMENT IS PART OF A LOCAL REVITALIZATION PLAN

Name of Development:	
Development Location:  (At a minimum, provide the address number, street name and city, and/o the city (if located within a city) or county (if located in the unincorporal Sites, the Development Location stated above must reflect the Scattered	ted area of the county). If the Development consists of Scattered
The above referenced Development is within the legal boundaries of a local revitalization plan, adopted on by the appointed or elected body of the general local government with the authority to regulate the use of the subject site, or an instrumentality thereof (e.g., City, County, Community Redevelopmen Agency). Such plans may be in the form of a community redevelopment plan, as outlined in Section 163.362, F.S., or another type of neighborhood plan formally adopted by one of the entities above or adopted into a large local planning framework, but that at a minimum provides the following standards:	
<ul> <li>boundaries of the local revitalization area and the the plan.</li> <li>Shows by diagram or in general terms the street I number of dwelling units; and property intended public utilities and public improvements of any notes Includes public and private sector (other than the designated area.</li> <li>Contains safeguards that the work of revitalization Provide assurances that there will be replacement permanently displaced from housing facilities will be replaced.</li> </ul>	Applicant) investment and/or involvement in the on will be carried out pursuant to the plan. It housing for the relocation of persons temporarily or thin the planning area.
CERTIFICATION	
I certify that the foregoing information is true and correct.	
Signature Prin	t or Type Name
Name of Local Government Prin	at or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, Mayor, City Manager, County Manager/Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. Other signatories are not acceptable.

Date this form was signed

Name of Plan/Initiative