FLORIDA HOUSING FINANCE CORPORATION VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE – SEWER CAPACITY, PACKAGE TREATMENT, OR SEPTIC TANK

Name of Development:	
	ity and/or provide the street name, closest designated intersection and either the city rated area of the county). The location of all Scattered Sites, if applicable, must also
Number of Units in the Development: This number must be equal to or greater than the number of un	nits stated by the Applicant in Exhibit A of the RFA.
available to the proposed Development; or there are	ne date that this form was signed, Sewer Capacity or Package Treatment is no known prohibitions to installing a Septic Tank system with adequate ecessary, upgrading an existing Septic Tank system with adequate capacity
comply with other routine administrative procedures extensions and other equipment, including but not l Development. Execution of this document does not gua future and does not provide the Applicant with any vo	t may be required to pay hook-up, installation and other customary fees, s, provide easements, and/or remove, relocate, install or construct line imited to pumping stations, in connection with the construction of the trantee that waste treatment service will be available to the Applicant in the ested rights to receive waste treatment service. The availability of waste cable governmental agencies having jurisdiction over these matters.
Department's sewer system is subject to the terms, cov consent decrees and the like entered into between the governmental entity, including the Consent Decree enter	applicant is advised that the right to connect the referenced property to the renants and conditions set forth in court orders, judgments, consent orders, not county and the United States, the State of Florida, and/or any other ered on April 9, 2014, in the <u>United States of America, State of Florida and ion v. Miami-Dade County</u> , Case No. 1:12-cv-24400-FAM, as well as all gulatory actions and proceedings.
C	CERTIFICATION
I certify that the foregoing information is true and corre	ect.
Signature	Name of Entity Providing Service
Print or Type Name	Address (street address, city, state)
Print or Type Title	
Date Signed	Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from elected local government officials are not acceptable. If there are alterations made to this form that change the meaning of the form, the form will not be accepted.