

**FLORIDA HOUSING FINANCE CORPORATION**  
**SERVICE PROVIDER OR PRINCIPAL OF SERVICE PROVIDER CERTIFICATION**  
**ASSISTED LIVING FACILITY DEVELOPMENTS ONLY**

FHFC Application Reference: \_\_\_\_\_  
(Indicate the name of the Request for Application and/or the Application Number assigned to the Development)

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

Development Location: \_\_\_\_\_  
(At a minimum, provide the address number, street name and city, and/or provide the street name, closest designated intersection and either the city (if located within a city) or county (if located in the unincorporated area of the county).)

Name of Service Provider: \_\_\_\_\_

Name of principal of Service  
Provider, if applicable: \_\_\_\_\_

Address of Service Provider: \_\_\_\_\_  
(street address, city, state)

Telephone of Service Provider: \_\_\_\_\_

Email of Service Provider: \_\_\_\_\_

I certify that I have the requisite skills and knowledge of assisted living facility service provision to successfully provide or coordinate services for the residents of the Development proposed by the above referenced FHFC Request for Proposal/Application. I further certify that I have specific experience in assisted living service provision or coordination and have successfully provided or coordinated services for at least two (2) assisted living facilities for at least two (2) years each, at least one (1) of which consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by the above referenced FHFC Request for Proposal/Application, as evidenced by the prior experience chart provided with this certification which contains the following information for each of the two (2) developments: name of development, location (city and state), length of time (years and months), and total number of units. I further certify that I am knowledgeable of all 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, Assisted Living Facility and licensure requirements as implemented by Chapter 429, Part I, F.S. and Rule Chapter 58A-5, F.A.C., incorporating the most recent amendments and other legislation, regulations, rules and other related requirements which apply or could apply to the proposed Development. To the extent that a Development is not otherwise subject to Section 504 and its related regulations, the Development shall nevertheless comply with Section 504 and its related regulations as requirements of the Corporation funding Program to the same extent as if the Development were subject to Section 504 and its related regulations in all respects. To that end, all Corporation funding shall be deemed "Federal financial assistance" within the meaning of that term as used in Section 504 and its related regulations for all Developments. I further certify that the information provided above is true and correct.

\_\_\_\_\_  
Signature of Service Provider or principal of  
Service Provider

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