

**FLORIDA HOUSING FINANCE CORPORATION  
ATTORNEY CERTIFICATION  
FOR HOUSING CREDITS**

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 Attorney: \_\_\_\_\_

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

Telephone of Attorney: \_\_\_\_\_

Email of Attorney: \_\_\_\_\_

License Number of Signatory: \_\_\_\_\_ State: \_\_\_\_\_

I certify that I am a duly licensed attorney in good standing with the requisite skills and experience to provide the professional services needed by the Applicant to produce the units proposed by the above referenced FHFC Request for Application. I further certify my willingness and intention to enter into good faith negotiations with the Applicant to act as the attorney of record for this proposed Development and that the information provided above is true and correct.

**NOTE:** To the extent that the Corporation requires it, an attorney licensed to practice law in Florida and acceptable to the Corporation must provide the enforceability opinion.

\_\_\_\_\_  
Attorney's Signature

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