FLORIDA HOUSING FINANCE CORPORATION ATTORNEY CERTIFICATION FOR MMRB, SAIL, HOME, AND/OR OTHER GAP LOANS

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:
Name of Attorney:
Address of Attorney:
Telephone of Attorney:
Email of Attorney:
Florida Bar Number of Signatory:

I certify that I am a member in good standing of The Florida Bar 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.

Attorney's Signature

Print or Type Name of Signatory