

**FLORIDA HOUSING FINANCE CORPORATION  
CERTIFICATION OF ACCOUNTANT**

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 Accountant: \_\_\_\_\_

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

Telephone of Accountant: \_\_\_\_\_

Email of Accountant: \_\_\_\_\_

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

I certify that I am a licensed Certified Public Accountant 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 and that I have provided professional accounting services on more than one previous affordable housing development and that, if this Application seeks Housing Credits, I have prior experience with tax credit accounting procedures. I further certify my willingness and intention to enter into good faith negotiations with the Applicant to serve as the Accountant for this proposed Development and that the information provided above is true and correct.

\_\_\_\_\_  
Accountant's Signature

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