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

Name of Development:	
· ·	d/or provide the street name, closest designated intersection and either the city 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 units sta	ated by the Applicant in Exhibit A of the RFA.
available to the proposed Development; or there are no kr	te that this form was signed, Sewer Capacity or Package Treatment is nown prohibitions to installing a Septic Tank system with adequate ary, upgrading an existing Septic Tank system with adequate capacity
comply with other routine administrative procedures, pro extensions and other equipment, including but not limited Development. Execution of this document does not guarante future and does not provide the Applicant with any vested	be required to pay hook-up, installation and other customary fees, wide easements, and/or remove, relocate, install or construct line d to pumping stations, in connection with the construction of the e that waste treatment service will be available to the Applicant in the rights to receive waste treatment service. The availability of waste governmental agencies having jurisdiction over these matters.
Department's sewer system is subject to the terms, covenant consent decrees and the like entered into between the Cogovernmental entity, including the Consent Decree entered of	rant is advised that the right to connect the referenced property to the is and conditions set forth in court orders, judgments, consent orders, punty and the United States, the State of Florida, and/or any other on April 9, 2014, in the <u>United States of America, State of Florida and Miami-Dade County</u> , Case No. 1:12-cv-24400-FAM, as well as all rry actions and proceedings.
CERT	TIFICATION
I certify that the foregoing information is true and correct.	
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.