

**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: _____
(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: _____

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