FLORIDA HOUSING FINANCE CORPORATION

Elderly Housing Community Loan FIRST MORTGAGEE CERTIFICATION

Name of Development: Development Location: (At a minimum, provide the address number, street name and city)			
		Name of First Mortgagee:	
Contact Person:			
Address of First Mortgagee:			
Phone Number:	Email Address:		
CERTIF	ICATION		
I hereby certify that the Request for Applications 20 been reviewed by the undersigned and is hereby appropriately Loan Program.	16-108 for the above referenced Development has roved for submission for funding through the Elderly		
Signature of Authorized Representative	Print Name		
Title of Authorized Representative	Date		