

**VERIFICATION BY THE STATE DESIGNATED LEAD AGENCY OF INCLUSION IN
LOCAL HOMELESS CONTINUUM OF CARE PROGRAM**

FHFC Application Reference: _____

Indicate the name of the application process under which the proposed Development is applying/has applied for funding from the Corporation such as the Request for Proposal/Application number and/or the name of the Request for Proposal/Application.

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).

Applicant's Name: _____

Local Continuum of Care Name and FL Jurisdiction Code for the Proposed Development: _____

The Lead Agency for the Local Homeless Continuum of Care Jurisdiction identified above confirms that the Development identified above meets the following criteria:

1. The proposed Development is located within the Continuum of Care Jurisdiction identified above;
2. The nature and scope of the proposed Development is in conformance with the planning and priorities of the Continuum of Care program;
3. There is a need for the proposed Permanent Supportive Housing;
4. The Applicant's prospective tenant outreach and tenant selection process are appropriate and adequate to effectively inform the Continuum of Care's intended households, community stakeholders and public about the Development;
5. The Applicant is an active member of the Continuum of Care in which the proposed Development is located or has submitted an Application to become a member of the Continuum of Care in which the proposed Development is located; and
6. The Applicant is aware of and understands the Continuum of Care's performance measures regarding appropriate housing placement and retention.

CERTIFICATION BY THE STATE DESIGNATED LEAD AGENCY OF INCLUSION IN LOCAL HOMELESS CONTINUUM OF CARE PROGRAM:

I certify that the above information is true and correct.

Lead Agency Signatory

Print or Type Name of Signatory

Print or Type Name of Lead Agency

Print or Type Title of Signatory

In order for this form to be considered, it must be signed by the Agency's Executive Director, Chief Executive Officer, Chief Financial Officer, or Chair of the Board. Other signatories are not acceptable and will result in the form not being considered.