

**FLORIDA HOUSING FINANCE CORPORATION
LOCAL GOVERNMENT VERIFICATION OF
QUALIFICATION AS URBAN INFILL DEVELOPMENT**

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

The City/County of _____ confirms that the Development
(Name of City or County)

identified above meets the following criteria:

1. The proposed Development meets the description of urban infill as set forth in Chapter 420.50871, F.S., including “conversions of vacant, dilapidated, or functionally obsolete buildings or the use of underused commercial property”; and
2. The site is in an area that is already developed and is part of an incorporated area or existing urban service area.

CERTIFICATION

I certify that the above information is true and correct.

Signature

Address (street address, city, state)

Print or Type Name

Address (street address, city, state)

Print or Type Title

Telephone Number (including area code)

Date Signed

This certification must be signed by the applicable appointed official (staff) responsible for determination of issues such as the City Manager, or County Manager/Administrator/Coordinator. Signatures from elected local government officials are not acceptable, nor are other signatories. If there are alterations made to this form that change the meaning of the form, the form will not be accepted.