MIAI-MI-DADE COUNTY HOMELESS TRUST
FHFC HOMELESS FUNDING APPLICATION CERTIFICATION FORM

Name of Housing Project for which this certification is made: ____________________________
(Project).

Support of a local Continuum of Care (CoC) Plan and its priorities for permanent supportive housing includes
not only production of new housing with supportive services consistent with the established local priorities, but
also participation in the CoC's system and processes in order to promote the goals and objectives of the CoC
for effective assistance of homeless persons. Therefore, a proposed housing project must meet the following
criteria and the Applicant, defined as the entity which will own and operate the Project as represented to the
Florida Housing Finance Corporation (FHFC) in its application and subsequent award if made, must make the
following commitments to receive a Certification of Consistency with a local Continuum of Care's Homeless
Plan and Priorities for Permanent Supportive Housing:

1. Project will serve the CoC's established priority(ies) for the development of permanent supportive housing.
2. Project has a plan in place to provide the supportive services for the targeted population(s) to be served,
either directly or documented through a MOU, MOA or other agreement provided at the time of submission
for the request for a certification.
3. Project rents must be ELI or lower for set-aside units identified to help the homeless.
4. Project's admission criteria is responsive to the placement needs targeted, with minimal barriers to
placement. For projects servicing the homeless, the admission criteria cannot restrict admission based on
a positive drug screen, non-violent criminal history, and poor credit history.
5. Project will participate in the CoC's coordinated intake and assessment process, including for acceptance
of all referrals to the homeless units.
6. Project will participate in the Homeless Management Information System, as well as ensure meeting the
minimum data quality standards.
7. Project will provide housing and services consistent with the CoC's established Standards of Care for
Permanent Supportive Housing and Housing First, as may be amended from time to time.
8. Project will be required to meet minimum performance measures, including those USHUD-required
performance measures for permanent supportive housing (e.g. housing retention, income growth, etc.).
9. Applicant and its service provider will enter into a Memorandum of Understanding with the Trust
incorporating these commitments and other terms and conditions governing referral and placement into
units set aside for the target population(s) subject to this Certification.
10. In the event that Project fails to comply with the above requirements, the CoC will place Project on a
corrective plan to cure non-compliance. Until such non-compliance is cured, the CoC will not approve
requests for FHFC CoC Certifications for new projects proposed by any party within the ownership and/or
management structure of Project's Applicant.

I certify that the Applicant and proposed Project will comply with the above requirements of the Continuum of
Care if the project is funded, as requested.

Name: ____________________________________________________________________________
Signature ____________________________ Print ____________________________
Title: ____________________________________________________________________________
Entity Represented by Signatory: ____________________________________________________________________________
Date: ____________________________________________________________________________

(Draft MD CoC Form 4-10-15)
MIAMI-DADE COUNTY HOMELESS TRUST
CERTIFICATION FORM
Please complete the information below. You will be notified if a presentation to the Miami-Dade County Homeless Trust Housing and Services Development Committee will be required.

Name of Project:

Project Location: ________________________________
City, State Zip Code ________________________________

Name Of Applicant:

Applicant Contact Information: ________________________________
Phone Fax Email ________________________________

Non-Profit Partner? □ Yes □ No
If yes, Non-Profit Partner Name: ________________________________
Non-Profit Partner Address: ________________________________
City, State Zip Code ________________________________

Non-Profit Contact Information: ________________________________
Phone Fax Email ________________________________

Has a Service Provider MOU or MOA been executed: □ Yes □ No If YES, please attach.

Please Attach Applicant and Developer Ownership/Membership Structures

Project Description:

<table>
<thead>
<tr>
<th>Total Number of Units:</th>
<th>Percentage of Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Units Set Aside - VLI:</td>
<td>%</td>
</tr>
<tr>
<td>Total # of Units Set Aside - ELI:</td>
<td>%</td>
</tr>
<tr>
<td>Total # of Units Set Aside - Special Need:</td>
<td>%</td>
</tr>
<tr>
<td>Non-Homeless:</td>
<td></td>
</tr>
<tr>
<td>Total # of Units Set Aside - Homeless:</td>
<td></td>
</tr>
<tr>
<td>Targeted Homeless:</td>
<td></td>
</tr>
</tbody>
</table>

Expected Project Completion Date: ________________________________

Funding Source Requiring Certification: ________________________________

Project Funding Sources: ________________________________

Describe Prior Experience Developing/Operating Homeless Housing:
(applicant, developer, non-profit)

Describe Special Need: ________________________________

By when is Certification required?
Signature: ________________________________
Print: ________________________________
Title: ________________________________
Entity Represented by Signatory: ________________________________
Date: ________________________________

FOR INTERNAL USE ONLY

MDHT Housing & Services Committee Review Required? □ YES □ NO
Is YES, date of meeting: ________________________________

(Draft 4/10/15)