

EXPERIENCE CERTIFICATIONS

These forms must be completed by the appropriate team member for the Agency to evaluate the threshold requirement of an experienced development team. These are the only documents required to demonstrate experience. **Do not send individual resumes, company brochures, or any other document unless requested by Agency staff. Only one page of each certification for each development team member is required.** These executed forms will also demonstrate each team member's intent to participate in the development. Once the form is completed and signed, no further information should be necessary unless otherwise directed by the Instructions or required by Agency staff.

The forms must state the name of the development, the Tax Credit number, location of the development, type of development (e.g. elderly, general, homeless), the total number of units and/or other information as requested. (For the general contractor and architect, Tax Credit development numbers are not necessary.)

For certification of out-of-state experience the Agency will not accept a list of developments that is attached to a form. The form(s) must be executed by all parties at the time of submission. Please note that the out-of-state experience forms should only be submitted if the general partner or management agent has no experience with properties in Pennsylvania.

Unexecuted forms will not be considered.

**CERTIFICATION OF GENERAL PARTNER EXPERIENCE
IN PENNSYLVANIA**

Proposed Development: _____

Location: _____

General Partner: _____

Address: _____

Telephone Number: _____

Development Name and Tax Credit No.	Location	Type of Development	No. of Units	Placed-In- Service Date	Date 8609 Issued

The list of developments shown above is an accurate representation of the rental housing developments in which _____ is the General Partner. By completing and signing this form, I acknowledge that _____ intends to participate in the team of this proposal as General Partner.

General Partner (please print or type): _____

Signature: _____ Date: _____

**CERTIFICATION OF GENERAL PARTNER EXPERIENCE
OUTSIDE OF PENNSYLVANIA**

Proposed Development: _____

Location: _____

General Partner: _____

Address: _____

Telephone Number: _____

Development Name and Tax Credit No.	Location	Type of Development	No. of Units	Placed-In-Service Date	Date 8609 Issued

The list of developments shown above is an accurate representation of the rental housing developments in which _____ is a General Partner in the state of _____. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as General Partner.

General Partner Signature: _____ Date: _____

By signature below, I verify that the information in the above chart is correct.

Name of Representative: _____

Agency/Department Name: _____

Agency/Dept. Address: _____

Telephone Number: _____

Signature: _____ Date: _____

GENERAL PARTNER CAPACITY

Proposed Development: _____

Location: _____

General Partner: _____

Address: _____

Telephone Number: _____

Development Name	Location	Total Project Cost	No. of Units	Owned or Managed	Status of Development

The list of developments shown above is an accurate representation of the rental housing developments in which _____ is the General Partner. By completing and signing this form, I acknowledge that the above is a complete listing of developments owned, managed or under construction.

General Partner (please print or type): _____

Signature: _____ Date: _____

**CERTIFICATION OF MANAGEMENT AGENT EXPERIENCE
IN PENNSYLVANIA**

Proposed Development: _____

Location: _____

Management Agent: _____

Address: _____

Telephone Number: _____

Development Name and Tax Credit No.	Location	Type of Development	No. of Units	Bldg. Occupancy Date	Mgmt Inception Date

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Management Agent. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as management agent.

Management Agent (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

**CERTIFICATION OF MANAGEMENT AGENT EXPERIENCE
OUTSIDE OF PENNSYLVANIA**

Proposed Development: _____

Location: _____

Management Agent: _____

Address: _____

Telephone Number: _____

Development Name and Tax Credit No.	Location	Type of Dvlp/Project No.	No. of Units	Bldg. Occupancy Date	Mgmt Inception Date

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Management Agent in the state of _____

By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as Management Agent.

Management Agent Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

By signature below, I verify that the information in the above chart is correct.

Name of Representative: _____

Agency/Department Name: _____

Agency/Department Address: _____

Telephone Number: _____

Signature: _____ Date: _____

CERTIFICATION OF ATTORNEY EXPERIENCE

Proposed Development: _____

Location: _____

Attorney: _____

Address: _____

Telephone Number: _____

Development Name and Project No.	Location	Type of Development	# of Units	Loan Closing Date

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Attorney. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as Attorney.

Attorney (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

CERTIFICATION OF GENERAL CONTRACTOR EXPERIENCE

Proposed Development: _____

Location: _____

General Contractor: _____

Address: _____

Telephone Number: _____

Development Name and Project No.	Location	Type of Development	# of Units	Completion Date

The list of developments shown above is an accurate representation of the rental housing developments in which _____ is the General Contractor. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as General Contractor.

General Contractor (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

CERTIFICATION OF ARCHITECT EXPERIENCE

Proposed Development: _____

Location: _____

Architect: _____

Address: _____

Telephone Number: _____

Development Name and Project No.	Location	Type of Development	# of Units	Completion Date

The list of developments shown above is an accurate representation of the rental housing developments in which _____ participated as the _____ Design Architect and/or _____ Construction Contract Administrator. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal by providing ___ Design Services and/or ___ Construction Contract Administration Services. (If participating as both design architect and contract administration architect, be sure to check both lines.)

Architect (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

CERTIFICATION OF HOUSING CONSULTANT EXPERIENCE

Proposed Development: _____

Location: _____

Housing Consultant: _____

Address: _____

Telephone Number: _____

Development Name and Project No.	Location	Type of Development	# of Units	Placed in Service Date

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Housing Consultant. By completing and signing this form, I acknowledge that _____ intends to participate in the development team as Housing Consultant.

Housing Consultant (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____

CERTIFICATION OF HOUSING MANAGEMENT CONSULTANT EXPERIENCE

Proposed Development: _____

Location: _____

Housing Management Consultant: _____

Address: _____

Telephone Number: _____

Development Name and Project No.	Location	Type of Development	# of Units	Placed in Service Date

The list of developments shown above is an accurate representation of the Tax Credit developments in which _____ is the Housing Management Consultant. By completing and signing this form, I acknowledge that _____ intends to participate in the development team of this proposal as Housing Management Consultant.

Housing Management Consultant (please print or type): _____

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____