

## 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 does not have the minimum required 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: \_\_\_\_\_

Are you acting as the mentor for another agent for this proposed development? Yes No

Have you directly managed at least two Tax Credit properties for two full years, including administering all management agent functions for the properties? Yes No

Do you have a Pennsylvania Real Estate Broker's License? Yes No

Development Name and Tax Credit No.	Location (City/State)	Occupancy 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: \_\_\_\_\_

Type/Print Name of Signer: \_\_\_\_\_

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

Proposed Development: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Management Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Are you acting as the mentor for another agent for this proposed development? Yes No

Have you directly managed at least two Tax Credit properties for two full years, including administering all management agent functions for the properties? Yes No

Do you have a Pennsylvania Real Estate Broker's License? Yes No

Development Name and Tax Credit No.	Location (City/State)	Occupancy 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: \_\_\_\_\_

Type/Print Name of Signer: \_\_\_\_\_

**CERTIFICATION OF GENERAL CONTRACTOR EXPERIENCE**

Proposed Development: \_\_\_\_\_

Location: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Development Name	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. If experience listed is not with PHFA, provide on a separate page the contact person and phone number to confirm information.

General Contractor (please print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

General Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type/Print Name of Signer: \_\_\_\_\_

**CERTIFICATION OF ARCHITECT EXPERIENCE**

Proposed Development: \_\_\_\_\_

Location: \_\_\_\_\_

Architect: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Development Name	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.) If experience listed is not with PHFA, provide on a separate page contact person and phone number to confirm information.

Architect (please print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

General Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type/Print Name of Signer: \_\_\_\_\_

**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: \_\_\_\_\_

Type/Print Name of Signer: \_\_\_\_\_

**CERTIFICATION OF HOUSING MANAGEMENT CONSULTANT EXPERIENCE**

Proposed Development: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Housing Management Consultant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Name of Agent for whom you are consulting: \_\_\_\_\_  
 Brief description of consulting services to be provided: \_\_\_\_\_

<b>Development Name and Tax Credit Project No.</b>	<b>Location (City/State)</b>	<b>Occupancy Type of Development</b>	<b># of Units/ # TC Units</b>	<b>Placed in Service Date</b>

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: \_\_\_\_\_  
 Type/Print Name of Signer: \_\_\_\_\_