Florida Housing Finance Corporation Local Government Verification Of Contribution Form

Name o	of Development: The Pal	ms of Spring Hill			
(At a mi	nimum, provide the address ne city (if located within a cit	number, street name and city y) or county (if located in the	unincorporated area of the cou	ndo County ne, closest designated intersection and inty). If the Development consists of e Development Location Point is located.	
		Information rega	rding the Contribution*		
	Type of the ONE contribution to be used as a source*	Face amount of ONE contribution*	Net present value amount, if applicable	Contribution amount (face amount minus net present value)	
	Fee Deferral	\$ 0.00	\$ 0.00	\$ 0.00	
	Fee Waiver	\$ 0.00	Not applicable	Not applicable	
	Grant	\$ 50,000.00	Not applicable	Not applicable	
	Loan to be repaid	\$ 0.00	\$ 0.00	\$ 0.00	
	Loan with forgiveness	\$ 50,000.00	Not applicable	Not applicable	
This and that tind contribution. The city solely for the city solely for the city for the city for the city for the city solely for the city for th	nount is valid for 12 mont ne unless a specific RFA is ution is only valid in a spe y/county of <u>Hernando C</u> or assisting the proposed	hs from the date signed and designated here: 2025-2 ecific RFA and not intended county composed county composed bevelopment referenced	rtification and may be used in any RFA in the second seco	ner RFA.) I above for the Applicant for its use regoing information is true and	
			Brian Hawkins		
Signature			Print or Type Name		
Chair	man, Board of County	Commissioners			
Print or Type Title			Date Signed		
Applican This cer County	nt is applying for funding for tification must be signed by Manager/Administrator/Coo	the above referenced Develo the chief appointed official (st ordinator, Chairperson of the C	pment. aff) responsible for such appro City Council/Commission or Cha	quest for Application under which the vals, such as the Mayor, City Manager, airperson of the Board of County 0663, Florida Statutes, this certification	
must be of state	signed by the Chair of the L federal or Local Governmen	and Authority. One of the aut of funds initially obtained by o	thorized persons as described a r derived from a Local Governn	above may sign this form for certification nent that is directly administered by an	

If there are alterations made to this form that change the meaning of the form, the form will not be accepted.

include words such as estimated, up to, maximum of, not to exceed, etc.

(Form Rev. 03-2025)

Development Organization (CHDO). Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed. The amount of the contribution stated on this form must be a precise dollar amount and cannot

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

County Attorney's Office