

**Housing Consultant Certification
Exhibit – 10.8**

DEVELOPMENT NAME:	
DEVELOPER:	
APPLICANT:	
HOUSING CONSULTANT:	

Please answer all questions on the below certification sheet and sign. If applicable, attach any explanation and/or documentation as a single separate “other” exhibit.

The Developer hereby certifies that they shall work with the Housing Consultant identified above from project application to closeout. If the Housing Consultant noted changes at any time prior to closeout, the Developer shall notify CHFA of the change. Yes No
If 'No', please provide explanation.

The Housing Consultant hereby certifies that they shall be with and part of the project from application to closeout. If at any time the Housing Consultant changes or is no longer working on the above noted project, they shall notify the Developer and CHFA of the change. Yes No
If 'No', please provide explanation.



False Statement

The undersigned understands that the Department of Housing and/or the Connecticut Housing Finance Authority will rely on the information in this application and that, if the application is approved, any deliberate omissions, misrepresentations and/or incorrect statements in this application may result in withdrawal of the application from the review process at the Department of Housing’s and/or the Connecticut Housing Finance Authority’s discretion. The undersigned understands that he/she may be prosecuted for false statement under the laws of the State of Connecticut under Section 53a-157 of the General Statutes, as amended from time to time, for any false statement made herein.

Developer Signature

Title Date

Housing Consultant Signature

Title Date