ARCHITECT CERTIFICATION

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

Development Name:	
Applicant Name:	
Architect Name:	

The Architect hereby states that to the best of its knowledge, information, belief, and professional judgement, that the design and construction in connection with the subject development shall be performed in accordance with the CHFA Multifamily Design and Construction Standards, and all relevant state and federal codes, laws, and regulations.	◯ Yes	◯ No
Confirm the project meets all applicable building, fire and housing codes.	◯ Yes	◯ No
Confirm the project meets all ADA and accessibility requirements.	◯ Yes	◯ No
Confirm the project meets the CHFA Design and Construction Standards.	◯ Yes	◯ No
Confirm the plans/specs have been reviewed by all utility companies to confirm the design and/or existing service is adequate for the proposed design.	◯ Yes	◯ No
Confirm the project has been reviewed for Quality Assurance within the design firm, or the CD set has been peer reviewed for completeness and accuracy.	◯ Yes	◯ No
Confirm the plans/specs have been reviewed by the AHJ Building Official and Fire Marshal, with all comments incorporated into the set.	◯ Yes	◯ No

If 'No', please provide explanation.

CHFA Multifamily Design and Construction Standards and Guidelines

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.

Name	Signature
Title	Date