

## COMMUNITY SERVICE CERTIFICATION FORM

One form must be completed for every Community Service offered. MHC will give a 2 point preference to applicants whose developments have Advanced Community Services/Classes that are provided by a third party Service Provider. The below described service (or an approved comparable substitute service) must be provided for the entire compliance period. All services will be monitored during annual audits.

### Development

Development Name			
Development Location			
Targeted Population		Number of Units	

### Owner

Ownership Entity			
Mailing Address			
Contact Person		Title	
Phone Number		Email	

### Service Provider

Provider Name			
Mailing Address			
Contact Person		Title	
Phone Number		Email	
Website			

### Service Information

Type of Service			
Location of Service		If off-site, specify	
Frequency of Service		Length of Initial Term	
Annual Cost of Program	Developer Cost	Tenant Cost	

Description of Service *(Provide brochures, attachments, or additional information if applicable.)*

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### Certification

I hereby certify that the foregoing information is true and correct. Additionally, all information represented herein is supported by the attached contract.

#### SERVICE PROVIDER

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

#### OWNER

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_