

# EXHIBIT G

## South Carolina State Housing Finance and Development Authority Architect and/or Professional Engineer Certification

Development Name: \_\_\_\_\_ # of Residential Buildings \_\_\_\_\_  
# of Non-Residential Buildings \_\_\_\_\_

NOTE: All square footages listed on Exhibit G must match those listed in the tax credit application. All heated and non-heated square footage for the entire development must be included on this form and on any submitted drawings.

### Unit Details

|               | LI/MR | # of Units | BRs                       | BAs | Heated Sqft | Total HSqft | CP#                                 | CPA | OS# | OSA | Ot# | OtA | Total NHSqft |
|---------------|-------|------------|---------------------------|-----|-------------|-------------|-------------------------------------|-----|-----|-----|-----|-----|--------------|
| 1             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 2             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 3             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 4             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 5             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 6             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 7             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 8             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 9             |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 10            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 11            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 12            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 13            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 14            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 15            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 16            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 17            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 18            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 19            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| 20            |       |            |                           |     |             |             |                                     |     |     |     |     |     |              |
| Total Units = |       |            | Total Residential HSqft = |     |             |             | Total Residential Non-Heated Sqft = |     |     |     |     |     |              |

CP = Covered Porches OS = Outside Storage Ot = Other\* A = Area

\*If Other was selected, please describe: \_\_\_\_\_

### General (not unit specific) Non-Heated Sqft

### Common Heated Areas

| Type                            | # of Type | Area | Total Area | Type                | Area |
|---------------------------------|-----------|------|------------|---------------------|------|
| Breezeways                      |           |      |            | Office Area         |      |
|                                 |           |      |            | Laundry             |      |
|                                 |           |      |            | Exercise Room       |      |
|                                 |           |      |            | Computer Room       |      |
|                                 |           |      |            | Community Building  |      |
|                                 |           |      |            |                     |      |
| Total General Non-Heated Sqft = |           |      |            |                     |      |
|                                 |           |      |            |                     |      |
|                                 |           |      |            | Total Common Area = |      |

Total Heated Area: \_\_\_\_\_

Total Non- Heated Area: \_\_\_\_\_

Total Development Area: \_\_\_\_\_

## Architect and/or Professional Engineer Certification:

The undersigned certifies to the South Carolina State Housing Finance and Development Authority (SCSHFDA) that:

- (1) the above information is true and correct;
- (2) the development **will be or has been** constructed in accordance with the mandatory design criteria as prescribed in the appropriate SCSHFDA Qualified Allocation Plan and any subsequent clarifying bulletins; and
- (3) the architect and/or professional engineer has reviewed the plans and specifications of the development to ensure that such plans and specifications comply with and the development has been constructed to comply with the accessibility and other requirements of Section 504 of the Rehabilitation Act, the Fair Housing Amendments to the Civil Rights Act of 1968, the American With Disabilities Act, 2010 Americans with Disabilities Act Accessibility Guidelines, local building codes, and any other applicable State or Federal legislation.

The undersigned further certifies that s/he will verify that the construction of the development will meet, at a minimum, the following seven specific requirements based on HUD's Fair Housing Act regulations (24 C.F.R. Part 100 as modified or explained in guidelines, manuals, Q&A's, etc.):

- (1) accessible building entrance on an accessible route,
- (2) accessible and usable public and common use areas,
- (3) usable doors,
- (4) accessible route into and through the covered dwelling unit,
- (5) light switches, electrical outlets, thermostats and other environmental controls in accessible locations,
- (6) reinforced walls for grab bars, and
- (7) usable kitchens and bathrooms.

**The undersigned acknowledges that the foregoing certifications will be relied upon by the SCSHFDA and that any misrepresentation, whenever discovered, will result in:**

- a) the undersigned and the Developer both being debarred from participation in any Authority administered programs for a minimum of one (1) year and
- b) the filing of a complaint against the architect/professional engineer with the S.C. Department of Labor, Licensing and Regulation.

Firm: \_\_\_\_\_

By: \_\_\_\_\_

License #: \_\_\_\_\_

Its: \_\_\_\_\_

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

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