

**South Carolina State Housing Finance and Development Authority  
Multifamily Tax Exempt Bond Financing Program  
Exhibit R - Physical Needs Assessment Certification Form**

I, \_\_\_\_\_, have completed a physical needs assessment report for the proposed development, \_\_\_\_\_, which is located at \_\_\_\_\_, \_\_\_\_\_ County, South Carolina.

I hereby certify that all of the repairs outlined in the physical needs assessment report dated \_\_\_\_\_ are needed and necessary repairs and that said report is based on a **100% physical inspection of all units** in the development.

I hereby certify that the following major systems have not been replaced within the past seven (7) years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on my calculations, I hereby certify that a total of \$\_\_\_\_\_ per unit in **hard construction costs** needed and necessary in the rehabilitation of this property.

Assessor's Signature: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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