

## EXHIBIT G

### South Carolina State Housing Finance and Development Authority 2020 Architect and/or Professional Engineer Certification

Development Name: \_\_\_\_\_ Total # of Bldgs. in the project: \_\_\_\_\_

#### Low Income Units

Unit Type:	# of Units:	# of Baths:	Heated Area:	Total Heated Area:
Efficiency	_____	_____	_____ s.f.	_____ s.f.
1 Bedroom	_____	_____	_____ s.f.	_____ s.f.
2 Bedroom	_____	_____	_____ s.f.	_____ s.f.
3 Bedroom	_____	_____	_____ s.f.	_____ s.f.
4 Bedroom	_____	_____	_____ s.f.	_____ s.f.
<b>Living Units Total:</b>	_____		<b>Sub-Total Residential Heated Sq. Ft.:</b>	_____ s.f. (A)

Type:	# of Type:	Area:	Total Area:
Covered Porches	_____	_____ s.f.	_____ s.f.
Breezeways	_____	_____ s.f.	_____ s.f.
Outside Storage	_____	_____ s.f.	_____ s.f.
Other: _____	_____	_____ s.f.	_____ s.f.
<b>TOTAL NON-HEATED AREA:</b>			_____ s.f.

#### Market Rate Units

Unit Type:	# of Units:	# of Baths:	Heated Area:	Total Heated Area:
Efficiency	_____	_____	_____ s.f.	_____ s.f.
1 Bedroom	_____	_____	_____ s.f.	_____ s.f.
2 Bedroom	_____	_____	_____ s.f.	_____ s.f.
3 Bedroom	_____	_____	_____ s.f.	_____ s.f.
4 Bedroom	_____	_____	_____ s.f.	_____ s.f.
<b>Living Units Total:</b>	_____		<b>Sub-Total Residential Heated Sq. Ft.:</b>	_____ s.f. (B)

Type:	# of Type:	Area:	Total Area:
Covered Porches	_____	_____ s.f.	_____ s.f.
Breezeways	_____	_____ s.f.	_____ s.f.
Outside Storage	_____	_____ s.f.	_____ s.f.
Other: _____	_____	_____ s.f.	_____ s.f.
<b>TOTAL NON-HEATED AREA:</b>			_____ s.f.

#### COMMON AREAS

Office Area:	_____ s.f.	_____ s.f.
Laundry:	_____ s.f.	_____ s.f.
Exercise Room:	_____ s.f.	_____ s.f.
Computer Room:	_____ s.f.	_____ s.f.
Community Building:	_____ s.f.	_____ s.f.
Other: _____	_____ s.f.	_____ s.f.
<b>Sub-Total Non-Residential Heated Sq. Ft.:</b>		_____ s.f. (C)

**TOTAL HEATED AREA (A+B+C):** \_\_\_\_\_ s.f.

**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.

**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** constructed in accordance with the mandatory design criteria as prescribed in the SCSHFDA 2020 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: \_\_\_\_\_

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

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

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

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