**CF-4: EXPERIENCE ASSESSMENT FORM**

Please attach signed copies for each staff member whose experience meets the Development Experience/Capacity requirement. Attach one copy for each project. Resumes must be attached.

|  |  |
| --- | --- |
| **Category** | **Description** |
| Staff or Consultant Name |        |
|  Mailing Address |        | Phone Number |
|        |       |
|        | Email |
|        |       |
| Project Name |        |
| Project Location |        |
| Project Type      | Number of Units      | Population Served      |
| Date of Occupancy |        |
| Sources of Funds |         |
| Description of Staff /Consultant Role in Project |        |
| Project References*(Name Address Phone)* |        |

***I certify that the information provided above is accurate and give AHFA consent to contact references as listed above.***

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

 (Signature) Date

 Name of Staff Member