**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