**DELAWARE STATE HOUSING AUTHORITY  
SOCIAL SERVICES CERTIFICATION**

**(To be included with Exhibit 11)**

**Management Agent Performance – Social Services**

The development team Management Agent has been proposed to manage for the Applicant/Developer on this LIHTC application and currently manages LIHTC projects that provide social services. The Management Agent agrees to provide social services resident data on outcomes and utilization for any social services provided to their projects with allocations with the last three years.

Name of Management Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Social Services under contract or being provided as well as Outcomes. Use as many pages as applicable.

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| **Name of Project** |  | | | | |
| **Social Service Agency:** |  | | | | |
| **Social Services Provided:** |  | | | | |
| **Utilization: How many resident participants:** | 1Q: | 2Q: | 3Q: | 4Q: |  |
| **Outcomes:**  **Examples:**  **Financial Counseling – Percentage of resident credit scores increase;**  **After school care –**  **Percentage of children enrolled on daily basis;** |  | | | | |

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| **Name of Project** |  | | | | |
| **Social Service Agency:** |  | | | | |
| **Social Services Provided:** |  | | | | |
| **Utilization: How many resident participants:** | 1Q: | 2Q: | 3Q: | 4Q: |  |
| **Outcomes:**  **Examples:**  **Financial Counseling – Percentage of resident credit scores increase;**  **After school care –**  **Percentage of children enrolled on daily basis;** |  | | | | |

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| **Name of Project** |  | | | | |
| **Social Service Agency:** |  | | | | |
| **Social Services Provided:** |  | | | | |
| **Utilization: How many resident participants:** | 1Q: | 2Q: | 3Q: | 4Q: |  |
| **Outcomes:**  **Examples:**  **Financial Counseling – Percentage of resident credit scores increase;**  **After school care –**  **Percentage of children enrolled on daily basis;** |  | | | | |

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

Management Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Service Agency (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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