| Unit Information | |
|----------------------------|--|
| Year: 2017 | |
| Unit Dependency: Dependent | |
| | |
| Contact Information | |
| Name: | |
| Title: | |
| Phone: | |
| Email: | |
| Address: | |
| , | |
| | |

| Certification | |
|----------------------------------------------------------------------------------------|---------------------------|
| Chief Financial Officer | Chairman/Elected Official |
| Name: | Name: |
| Title: | Title: |
| | Yes No |
| Have You Experienced a Financial Emergence If Yes, Have You Compiled With Section 218 | |
| | |

AFR Details

Original AFR

AFR Status: Certified

AFR Received Date: 3/27/2018

Audit Received Date: 3/27/2018

Submission Type: Electronic

Long-Term Debt Information

Long-Term Debt:

Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

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Revenues Report for FYE 2017

Expenditures Report for FYE 2017

Data Element Worksheet Report for FYE: 2017, Broward County Housing Finance Authority

Affiliates Report for FYE 2017

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