



**AMA 5 Star Certification Program
Community Coalition/Neighborhood Alliance Verification**

Please have the administrator, chairman or president of your neighborhood alliance,
Apartment Coalition or Block Watch sign and date this form.

_____ of _____
(Manager's Name) *(Name of Property)*

is an active member of _____ on _____
(Name of Neighborhood Alliance Group/Block Watch/Coalition) *(Date)*

(Name of Directing Official) _____

(E-Mail)

(Telephone)

Upload completed form with your AMA 5 Star Certification

Application at:

<https://zfrmz.com/9P87S4doBGWmuBUMI6Pg>

Contact jhickey@azmultihousing.org with any questions.