**CF-2: CERTIFICATION OF LOW INCOME REPRESENTATION ON BOARD**

Each board member representing the interests of low-income families in the Applicant's target community must complete this certification. Please retain a copy of this certification for your files. These certifications will be reviewed during monitoring visits by AHFA.

Board Member Name: \_Name

I certify that I am a current member in good standing of the governing board for Organization Name and that I represent the interests of low-income families in the Applicant's target community.

**Please check and complete one of the following:**

[ ]  I am a low-income resident of Community Name, the Applicant's target community.

*In order to qualify under this criterion, the board member must be a low-income resident of a community that the Organization serves.* ***Low-income*** *is defined as 80% or less of area median family income.*

[ ]  I am a resident of a low-income neighborhood in Community Name, the Applicant’s target community.

*In order to qualify under this criterion, the board member must live in a low-income neighborhood where 51% or more of the residents are low-income. The board member does not have to be low-income.* ***Neighborhood*** *means a geographic location designated in comprehensive plans, ordinances, or other local documents as a neighborhood, village, or similar geographical designation that is within the boundary but does not encompass the entire area of a unit of general local government.*

[ ]  I am an elected representative of Neighborhood Organization, a low-income neighborhood organization within Community Name, the Applicant’s target community.

*In order to qualify under this criterion, the board member must be elected by a low-income neighborhood organization to serve on the CHDO Board. The organization must be composed primarily of residents of the low-income neighborhood and its primary purpose must be to serve the interests of the neighborhood residents. Such organizations might include block groups, neighborhood associations, and neighborhood watch groups.*

**The group must be a neighborhood organization and IT MAY NOT BE THE CHDO ITSELF. If the board member is qualifying under this criterion, please attach copy of signed resolution from the neighborhood organization naming the individual as their representative on the CHDO.**

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

 (Signature) Date

 Name

 Name of Board Member