|  |  |  |
| --- | --- | --- |
| Organization Name |  | |
| Ownership Entity Name |  | |
| DUNS Number |  | |
| Tax ID Number |  | |
| Organization Address | Mailing | Physical |
|  |  |
|  |  |
|  |  |
| Contact Name / Title |  | |
| Contact’s Email Address |  | |
| Contact’s Phone Number |  | |
| Board President Name |  | |
| Board President’s Email |  | |
| Board President’s Phone |  | |

Please describe the CHDO eligible activity(ies) for which the organization seeks CHDO Eligibility in the AHFA 2020 Competitive Application Cycle. Include project name, location, number of units, and tenant type.

|  |
| --- |
|  |

Please list each project to be considered for CHDO Recertification:

|  |  |  |
| --- | --- | --- |
| Project Name | Project Location | AHFA Project Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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I certify that the submission of this application has been approved by a 2/3 vote of the Board of Directors.

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

(Signature) Date

Name of Signatory

Its:

Role of Signatory