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| **CHDO Board Member Certification** | | |
| *Name:*  Click here to enter Board Member Name | *Address:*  Click here to enter Address  Click here to enter City, ST, Zip | |
| *Name of Organization (prospective CHDO):*  Click here to enter Organization Name | *Board Term:*  Click here to enter term (mo/year to mo/year | |
| **Low Income Representatives** | | |
| ***Board members meeting Low Income Representation requirement must complete this certification***  I represent the interests of low-income families in this organization’s targeted service area. I have checked below the manner in which I meet the qualification as a low-income representative:  I qualify as a low-income resident under the HOME Program definition. The gross annual income of my household of ## people is at or below 80% of the Click here to enter County county area median income in the amount of Click here to enter $(80% AMI limit); **or**  I live in a low-income area (where 51% or more of the households in my US Census tract have incomes at or below 80% of the median household income, as defined by HUD), which is part of the CHDO’s targeted service area. My census tract is Click here to enter census tract number. **The Census tract data must accompany this certification. Or**  I am an elected representative of Click here to enter name of low-income neighborhood organization, located within Click here to enter name of neighborhood and city which is part of the CHDO’s targeted service area. **A signed resolution or signed minutes and election roster from the neighborhood organization naming the individual as its representative on the CHDO’s board of directors must be provided. AND**  Further, I have completed an accompanying CHDO Board Member Certification as to my status as a Public Official/Governmental Employee and re-affirm here that I am not a public official, employee, or appointee of a governmental entity. (*Note: Board members who are public officials/governmental employees may not be counted as a Low Income Representatives for purposes of CHDO qualification.)* | | |
| ***Certification***: I hereby certify that the above is true and correct as of the date of my signature below. If my status as a Low Income Representative changes at any time during my tenure on the board, I will immediately notify the board chair and executive director in writing and update my certification. | | |
| *Signature:* | | *Date:*  Click to enter a date. |
| *Printed Name:*  Click here to enter Board Member Name | | |