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| **CHDO Board Member Certification** | | |
| *Name:*  Click here to enter Board Member Name | *Address:*  Click here to enter Member 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) | |
| **Public Official/Governmental Employee** | | |
| ***All board members of the prospective CHDO must complete this certification.***  For purposes of this certification, governmental entities are any of the following: any HOME participating jurisdiction, other jurisdiction (e.g. state or local government), Indian tribe, public housing agency, Indian housing authority, housing finance agency, or redevelopment authority.  Public officials include any individual who is an elected or appointed member of any governmental entity (e.g. a city council member, a member of the local zoning board, a member of a local public housing authority board, etc.).  A government employee is anyone who is employed by a governmental entity on a full or part time basis even if that individual’s job function is not related to housing, HUD programs, or other federal funding (e.g. a county sheriff deputy, a sanitation department worker, a secretary in the city parks department, etc.). A governmental employee also includes anyone appointed by a governmental entity to a position for which they are compensated for services.  A governmental appointee is anyone who has been appointed to the board of directors by a governmental entity even if that person is not otherwise a public official or governmental employee (e.g. a member appointed to the board by the local mayor). | | |
| I am not a public official, employee, or appointee of a governmental entity.  **or**  I am a public official, employee, or appointee of a governmental entity. *If checked, describe your role and identify the governmental entity:*  Click here to enter Entity Name and Role | | |
| ***Certification***: I hereby certify that the above is true and correct as of the date of my signature below. If my status as a public official and/or government employee 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 | | |