

EXHIBIT 5

Certification of Rental Project Federal Assistance Form

(Required Format)

WHEREAS, \_\_ (the "Applicant") is applying to the State of Nebraska for assistance from the HOME Investment Partnership (HOME), Community Development Block Grant-Disaster Recovery (CDBG-DR), National Housing Trust Fund (HTF), or HOME American Rescue Plan (HOME-ARP) Program to finance a portion of the project costs for \_\_\_\_\_ (the "Project"); and

WHEREAS, APPLICANT understands it is necessary that certain conditions be met as part of the project requirements;

THEREFORE, APPLICANT certifies as follows:

1. PROJECT is eligible for award under state statutes and HOME/CDBG-DR/HTF/HOME-ARP application guidelines.
2. PROJECT will receive additional financing at the time of application or in the future from the following governmental assistance  (e.g. City HOME funds or ARPA Funding.) (If no additional financial governmental assistance, please check box )
3. APPLICANT will notify the Nebraska Department of Economic Development within 30 days of the applicant's knowledge of actual or potential changes in governmental assistance. Amended financing and budget forms submitted with the application affected by the change in other governmental assistance and the type and amount of assistance will be provided. In addition, applicant understands that any such changes may result in the non-selection of the application, termination or amendment of a contractual agreement with the department, significant delay in the OED approval of the project to proceed, and/or significant delay of pending Requests for OED Funds.
4. APPLICANT is prepared and has the authority within its charter or by-laws or through statutory regulations to enter into a contractual agreement with the Nebraska Department of Economic Development for acceptance and use of HOME/CDBG-DR/HTF/HOME-ARP Program funds, and makes this application and these certifications with the full cognizance (and approval) of its governing body.

Signed \_\_\_\_\_  
(Authorized Signer)

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*Subscribed in my presence and sworn to before me:*

\_\_\_\_\_  
Notary Public (Not required if on letterhead)