

## CHDO BOARD MEMBER CERTIFICATION

Name:	Address:
Name of Organization (prospective CHDO):	Board Term:

### 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 \_\_\_\_\_ (name of county) county area median income in the amount of \$\_\_\_\_\_ (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 \_\_\_\_\_ (census tract number). **The Census tract data must accompany this certification.** OR
- ☐ I am an elected representative of \_\_\_\_\_ (name of \_\_\_\_\_ low-income \_\_\_\_\_ neighborhood \_\_\_\_\_ organization), located within \_\_\_\_\_ (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:
Printed Name:	

<b>CHDO BOARD MEMBER CERTIFICATION</b>	
<i>Name:</i>	<i>Address:</i>
<i>Name of Organization (prospective CHDO):</i>	<i>Board Term:</i>
<b>PUBLIC OFFICIAL/GOVERNMENTAL EMPLOYEE</b>	
<p><b><i>All board members of the prospective CHDO must complete this certification.</i></b></p> <p>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.</p> <p>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.).</p> <p>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.</p> <p>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).</p>	
<div style="margin-bottom: 10px;"> <input type="checkbox"/> I am <u>not</u> a public official, employee, or appointee of a governmental entity.         </div> <div style="margin-bottom: 10px; text-align: center;">OR</div> <div> <input type="checkbox"/> I <u>am</u> a public official, employee, or appointee of a governmental entity. <i>If checked, describe your role and identify the governmental entity:</i> </div>	
<p><b><i>Certification:</i></b> 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.</p>	
<i>Signature:</i>	<i>Date:</i>
<i>Printed Name:</i>	