

## Certification of Low-Income Representation

Board Member Name: \_\_\_\_\_

I hereby certify that I am a current member in good standing of the governing board of \_\_\_\_\_ and that 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 \_\_\_\_\_ person(s) is at or below 80% of \_\_\_\_\_ County's area median income, which is \$ \_\_\_\_\_.
- 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. **The Census tract data must be attached to this certification.**
- I am an elected representative of \_\_\_\_\_ located in \_\_\_\_\_ County, which is part of the CHDO's targeted service area. **The meeting minutes that documents the election of the member must be attached to this Certification.**

If the applicant is representing a low-income neighborhood organization, please attach a copy of the signed resolution from the neighborhood organization naming the individual as its representative on the CHDO's Board of Directors.

By signing and dating this Certification, I hereby certify that I meet the low-income representation characteristic checked above.

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President Signature

\_\_\_\_\_  
Date