CHDO BOARD MEMBER CERTIFICATION
FOR LOW-INCOME REPRESENTATIVES

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

Board members meeting Low-Income Representation requirement must complete this certification.

I represent the interest 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 _____ County's area median income, in the amount of $_____;
- 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 _____. **The Census tract data _must_ accompany this certification.**
- OR -

    I am an elected representative of _____,
                              (insert name of low-income organization)
located in _____ County, 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 is provided with this Certification.**

    AND,

    Further, I affirm here that I am <u>not</u> 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 Representative 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:	