

**Office of Community Renewal  
Program Applicant Certification**

	Agree		Do Not Agree	I certify that I am an authorized representative and have been specifically authorized to file this submission and required documents for the proposed project with HCR/HTFC on behalf of the <b>applicant organization or community</b> .
	Agree		Do Not Agree	I certify that the Applicant is authorized to carry out the proposed activities and that the Applicant is familiar with and will comply with all applicable statutes, rules and regulations established.
	Agree		Do Not Agree	I further authorize the agency receiving this application to forward it to any other State agency which administers a program for which a funding request is indicated in this application.
	Agree		Do Not Agree	I certify that I have reviewed the full application and attached documents, and statements contained in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith, including data related to the Organization's Relevant Experience and I agree to immediately inform HTFC of any change in circumstances. A false certification or failure to disclose information shall be grounds for termination of any award.

**For the period beginning 10 (ten) years prior to the date of this certification:**

	Agree		Do Not Agree	The information and supporting documentation contained in this application are complete and accurate and acknowledges that falsification of information will result in disqualification of application, denial of funding, rescinding of subsequent award and contract or required repayment of funds disbursed for any Office of Community Renewal (OCR) Program. The undersigned further recognizes and accepts the responsibility and obligation to notify the Housing Trust Fund Corporation (HTFC) and the Office of Community Renewal (OCR), in writing, if the Applicant becomes aware of any subsequent events or information which would change any statements or representations previously submitted to HTFC / OCR.
	Agree		Do Not Agree	The Applicant will notify OCR within five (5) calendar days of any change of staff related to the program award and administration.
	Agree		Do Not Agree	No member of the Board of Directors or staff of the Applicant organization will directly or indirectly benefit financially from administration of the program. Any matter regarding any potential conflict of interest or appearance of impropriety arising in connection with this program must be disclosed at the time of application or when the conflict is identified.
	Agree		Do Not Agree	The Applicant will disclose if any of its employees, affiliates, program partners, subcontractors, and /or consultants have been the subject of a criminal investigation and /or charged with a crime in the last five (5) years at the time of application or within one (1) week of the issue being identified. OCR reserves the right to deny the Applicant's request for funding based on concerns for the Applicant's overall organizational health and / or capacity.
	Agree		Do Not Agree	The Applicant will disclose in this application if it or any of its affiliates has filed for bankruptcy in the last seven (7) years. OCR reserves the right to deny the Applicant's request for funding based on concerns for the Applicant's overall fiscal health and / or capacity.
	Agree		Do Not Agree	The Applicant has not experienced any of the following and shall notify OCR within five (5) calendar days after obtaining knowledge of: a) the commencement of any investigation or audit of its activities by any governmental agency, specifically housing discrimination; or b) the alleged default by the Applicant under any mortgage, deed of trust, security agreement,

				loan agreement or credit instrument executed; or c) the allegation of ineligible activities, misuse of any award, or failure to comply with the terms of the Application. Upon receipt of such notification, OCR may, in its discretion, withhold or suspend payment of some or all of the Award and reserves the right to deny application for funds for any OCR program
	Agree		Do Not Agree	Neither the Applicant, nor any principal, partner, or staff member of the Applicant organization has experienced default, non-compliance, debarment, suspension or termination of funds, or been otherwise restricted by DOL, HUD, USDA, ESDC, HFA, HTFC, DHCR, AHC or other federal, state, or local authority. Applicant further certifies there are no unresolved findings raised as a result of audits, management reviews, or other investigations concerning projects, contracts, or programs for which the Applicant organization is involved and Applicant has not been the subject of a claim under employee fidelity insurance.
	Agree		Do Not Agree	As a condition of award, OCR may seek to verify certain financial, credit and related information contained in the application concerning the project Applicant, and other members of the project /program team.
	NA		Attached	If the applicant is unable to select "Agree" to any of the items above, a detailed explanation must be provided at the end of the Applicant Certification Detail attachment.

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Signature

Printed Name

Title

Applicant Organization Name