CHDO BOARD MEMBER CERTIFICATION

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

LOW INCOME REPRESENTATIVES

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.**

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:	