

# Attachment A - CHDO Members

CHDO Name: \_\_\_\_\_

Board of Directors

**SELECT ONLY ONE**  
(Appropriate Documentation Must Be Provided)

	Current Board Member Name	County of Residence	Employer <small>(If unemployed, indicate reason such as student, retired, disabled, etc.)</small>	Low-Income Household <small>(below 80% AMI)</small>	Resident of a Low-Income Neighborhood <small>(provide US Census tract data)</small>	Elected Representative of a Low-Income Neighborhood Organization	Public Official or Employee	Private Sector	Term Expiration Date
1.									
2.									
3.									
4.									
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7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

I certify that this listing of current, participating board members is accurate.

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

\_\_\_\_\_  
Date

CHDO Name: \_\_\_\_\_

**Board of Directors**

**SELECT ONLY ONE**  
 (Appropriate Documentation Must Be Provided)

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	<b>Current Board Member Name</b>	<b>County of Residence</b>	<b>Employer</b> (If unemployed, indicate reason such as student, retired, disabled, etc.)	<b>Low-Income Household</b> (below 80% AMI)	<b>Resident of a Low-Income Neighborhood</b> (provide US Census tract data)	<b>Elected Representative of a Low-Income Neighborhood Organization</b>	<b>Public Official or Employee</b>	<b>Private Sector</b>	<b>Term Expiration Date</b>
16.									
17.									
18.									
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21.									
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23.									
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26.									
27.									
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29.									
30.									

I certify that this listing of current, participating board members is accurate.

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

\_\_\_\_\_  
 Date