

Attachment B - Board Member Certification

Certification of Low-Income Representation

(complete this form for every Board Member that it applies to and attach signed forms to your application)

Board Member Name: _____

I certify that I am a current member in good standing of the governing board for

(name of the CHDO organization)

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 _____ people is at or below 80% of the Lexington-Fayette County area median income in the amount of \$_____.
(80% AMI limit)

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 area 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.**
(census tract number)

I am an elected representative of _____,
(name of low-income neighborhood organization)
located within _____, which is part of the
(name of CHDO’s targeted service area)

CHDO’s targeted service area. **The meeting minutes and election roster that demonstrates the election of the member must be provided.**

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 their representative on the CHDO’s board of directors.

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

Board Member Signature

Date

Board President Signature

Date