

2020 CHDO Board Member Self Certification

I, _____, Board Member of _____ certify
Print Name CHDO Name

that I am (select one):

- A low income resident (annual household income at or below 80% of Area Median Income for your county or MSA, based on household size). Refer to HUD income limits.
A resident in a low income CHDO service neighborhood (based on current Census map). My permanent address is: _____ Census tract: _____
A representative of a grassroots, low income organization located in the CHDO service neighborhood, elected by that organization to serve on the CHDO Board. Organization: _____ Chairperson: _____ Phone: _____
An elected or appointed public official, or an employee of a governmental entity, including a City or State jurisdiction, tribal authority, public housing agency, housing finance agency, or redevelopment authority or commission; or I have been appointed to serve on this Board of Directors by a member of any such entity. Position/Agency/Office: _____
None of these apply.

I certify that all of the statements and claims made herein are true and correct.

Signature Date