

ATTACHMENT B

Board of Directors Representation

This certification must be provided for each member listed on Attachment A, the Board of Directors Status Information Form. If this attachment is not signed and dated by the applicable Board member, it will not be accepted and will be counted as a missing or incomplete item.

SECTION A	SECTION B
FULL Name, Home Address and Telephone Number of Board Member:	Indicate the Sector that this Board Member represents:
	<input type="checkbox"/> Low-Income Community Sector (if checked, please complete Section E) <input type="checkbox"/> Public-Sector <input type="checkbox"/> Private-Sector
SECTION C Employer:	
SECTION D Provide listing of all federal, state, or local government commissions or committee memberships:	
SECTION E Low-Income Community Sector Representation:	
<p>I am a Low-Income Community Representative on the Board of Directors for _____ (organization's name). I qualify as a Community Representative under the HOME definition of Community Housing Development Organization (CHDO) in Subpart A, Section 92.2 of the HOME Regulations because (indicate the appropriate box):</p> <p>Please check the Appropriate Box:</p> <p><input type="checkbox"/> I am a resident of a low-income neighborhood in the community where 51% or more of the household incomes are at or below 80% of the median household income, as defined by HUD. <i>Census Tract</i> _____</p> <p><input type="checkbox"/> I am a low-income resident of the community. I qualify as a low-income resident under the HOME Program definition. The number of household members in my home is _____. My <i>household</i> annual gross income is at or below 80% of _____ County's median income in the amount of \$_____.</p> <p><input type="checkbox"/> I am an elected representative of a low-income neighborhood organization. The low-income organization is called _____. I will provide (behind TAB 4) the meeting minutes that demonstrate my election to the Board of Directors for the nonprofit. In addition, I will provide the selection criteria/process used for my election.</p>	

SECTION F Certification

By signing and dating this statement, I hereby certify that all information represented above is true and correct to the best of my knowledge.

Signature of Board Member

Signature of Board Chairperson

Date