SELF-CERTIFICATION FORM FOR CHDO BOARD MEMBERS

Name:
Address:
City/State/Zip:
Email Address:
Organization’s Name

Check the ONE box that defines your status on the organization’s Board of Trustees. Be sure to fill in the required information in the grayed blocks.

☐ Public Official or Employee
I am an elected or appointed public official.

*Elected or appointed representatives cannot be qualified as low-income representatives, even if they meet the qualifying criteria*

☐ Member of a Low-Income Household
I am a member of a household of (   ) people. Our combined total expected income for a household of this size for 2013 is less than 80% of the area median income in the county in which I live.

☐ A third party verification of my income is attached (i.e. copy of taxes, letter from school district indicting free lunch status, etc.)

☐ Resident of Low Income Area
I reside in census tract number (   ), which according to the 2010 Census has more than 50% of its households with incomes less than 80% of the area median income.

☐ A third party address verification is attached (i.e. utility bill, driver license, etc.)

☐ Elected Representative of Low-Income Group
I am elected by the membership of an organization whose membership is open to all residents of a *DEFINED NEIGHBORHOOD* in which the 2010 census shows that more than 50% of the households have incomes less than 80% of the area median income, and I serve primarily as a representative of that neighborhood group.

The group’s name is (   )
The census tracts served by the group are (   )

☐ A letter from this organization indicating that I am its representative is attached.

☐ I am not an elected or appointed public official and I am not a representative of the low income community as defined above.

Signature of Board Member ___________________________ Date ___________________