

**APPLICANT MEMBERSHIP AND PRIORITY POPULATION VERIFICATION
BY THE GOVERNING BOARD OF THE LOCAL HOMELESS ASSISTANCE
CONTINUUM OF CARE JURISDICTION**

FHFC Application Reference: _____

Indicate the name of the application process under which the proposed Development is applying/has applied for funding from the Corporation such as the Request for Proposal/Application number and/or the name of the Request for Proposal/Application.

Name of Proposed Development: _____

County of the Proposed Development's Location: _____

Applicant's Name: _____

Local Homeless Continuum of Care Jurisdiction: _____

HUD CoC Designation Code: _____

The Governing Board for the local Homeless Continuum of Care Jurisdiction identified above confirms that the Development identified above meets the following criteria:

1. The proposed Development is located within the local Homeless Continuum of Care Jurisdiction identified above;
2. The nature and scope of the proposed Development and the Homeless households it intends to serve is in conformance with the planning and priorities of the Continuum of Care;
3. The Applicant is an active voting member of the Continuum of Care and has a current signed agreement to participate in the Continuum of Care's Homeless Management Information System (HMIS) and currently contributes data on its clients to the Continuum's HMIS data system or, if serving Survivors of Domestic Violence, is providing aggregate data reports to the Continuum of Care;
4. The Applicant's association with the State Designated Lead Agency and relevant Continuum of Care members, its plans to conduct prospective tenant outreach, and its tenant selection process are appropriate and adequate to effectively inform the intended households, community stakeholders and public about the Development, and to facilitate an interested household's ability to apply for tenancy and determine eligibility for tenancy;
5. The Applicant has executed a written agreement with the Continuum of Care to assist individuals and households referred from the Continuum of Care's coordinated intake and assessment system; and
6. The Applicant is aware of and understands the Continuum of Care's performance measures regarding appropriate housing placement and retention.

**CERTIFICATION BY THE GOVERNING BOARD OF THE LOCAL HOMELESS ASSISTANCE
CONTINUUM OF CARE JURISDICTION LISTED ABOVE**

I certify that the above information is true and correct.

Signature of Governing Board Member

Print or Type Name

In order for this form to be considered, it must be signed by a Governing Board Member that has the authority to be a signatory on behalf of the Continuum of Care.