

**VERIFICATION BY THE STATE DESIGNATED LEAD AGENCY OF INCLUSION IN  
LOCAL HOMELESS CONTINUUM OF CARE PROGRAM**

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 Development: \_\_\_\_\_

Development Location: \_\_\_\_\_  
At a minimum, provide the address number, street name and city and/or provide the street name, closest designated intersection and either the city (if located within a city) or county (if located in the unincorporated area of the county).

Applicant's Name: \_\_\_\_\_

Local Continuum of Care Jurisdiction \_\_\_\_\_

Lead Agency \_\_\_\_\_

The Lead Agency for the local Continuum of Care Jurisdiction identified above confirms that the Development identified above meets the following criteria:

1. The proposed Development is located within the Continuum of Care (Continuum) Jurisdiction identified above;
2. The nature and scope of the proposed Development is in conformance with the planning and priorities of the Local Continuum of Care program.
3. There is a need for the proposed Permanent Supportive Housing;
4. The Applicant's association with the State Designated Lead Agency and relevant Continuum 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 is actively involved in the Continuum's network and activities.
6. The Applicant is aware of and understands the Continuum's performance measures regarding appropriate housing placement and retention.

**CERTIFICATION BY THE STATE DESIGNATED LEAD AGENCY OF INCLUSION IN LOCAL HOMELESS CONTINUUM OF CARE PROGRAM:**

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature of Lead Agency Signatory

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Lead Agency Name

\_\_\_\_\_  
Print or Type Title

In order for this form to be considered, it must be signed by the Agency's Executive Director, Chief Executive Officer, or Chief Financial Officer. Other signatories are not acceptable and will result in the form not being considered.