2025 SELF-CERTIFICATION FORM FOR CHDO BOARD MEMBERS

|  |  |
| --- | --- |
| **NAME** | **DIRECTIONS:** Check ONE box below that defines your status on the organization’s Board of Trustees. If you check box 1, 2 or 3, complete the information, then click this link [https://arcg.is/DSSyi](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Farcg.is%2FDSSyi&data=05%7C01%7C%7C31376bafcab74df6bcb908da90ebae3a%7C66348b019dd440859316229e33329e7b%7C0%7C0%7C637981639153542227%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=lcAq9uDHkb3om%2FKa1Kfm4XMYultVupmeDGEk1G%2FDo3U%3D&reserved=0) to access the mapping tool to determine eligibility for that status. |
| **HOME ADDRESS** |
| **CITY STATE ZIP** |
| **NAME OF ORGANIZATION** |

**This organization was created by a governmental entity, and I am a public official**

**associated with, or an employee of the entity that created this organization.**

*Do not check this box if the organization was not created by a governmental entity, even if you are a public official.*

**(1) I am a member of a low‐income household**

I am a member of a household of ( ) people. Our combined total expected income for our household size for 2023 is less than 80% of the area median income (for the same number of people in the household), in the county in which I live. I have accessed the mapping tool to help determine this status.

**(2) I am a resident of a low-income area**

I reside in census tract number ( ), in which more than 50% of the households in that census tract had incomes less than 80% of the county area median income. I have accessed the mapping tool to help determine this status.

**(3) I am an elected representative of a community organization**

**serving people of low income and open to all community residents.**

Name of Community Organization:

Primary Activity of the Group:

I am elected by the membership of this organization which serves the ( ) community. I serve on the CHDO Board primarily as a representative of this organization which is located in, and directly serves that community and I can supply written verification of my election to this position if asked to confirm this status. *Examples of the type of organization include neighborhood watch group, food pantry, faith-based community outreach organization, community garden club or book club.* In the community served, more than 50% of the households have incomes less than 80% of the county area median income. I have accessed the mapping tool to verify that at least one census tract ( ) in the organization's service area meets the above demographic criteria.

**I am not an elected or appointed public official, and I am not a representative of the low-income community as defined in 1, 2 and 3 above**.

**Signature of Board Member** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIGITAL SIGNATURE PERMITTED

Form Revised 11/18/24