SC HOUSING
Financing Housing. Building SC.

ATTACHMENT C - Board of Directors Representation

This certification must be provided for each member listed on Attachment B, the Board of Directors 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 – Board Member Information

Name: _____
Residential Address: _____
City/State/Zip: _____
Email: _____
Phone: _____

Section B – Indicate the Sector this Board Member represents:
(check only one)

☐ Low-Income Community Sector
(if checked, please complete Section E)
☐ Public Sector
☐ Private Sector

Section C – Employer _____

Section D – Provide a listing of all federal, state, or local government commissions, committee memberships:

Section E – Low Income Community Sector Representation:
I am a Low-Income Community Representative on the Board of Directors for _____
(name of non-profit/organization

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; Please check the appropriate box below:

☐ 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 income, as defined by HUD. Census Tract: _____ (if applicable, attach Census Report).

☐ 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 household annual gross income is at or below 80% of _____ county's median income in the amount of $_____.

☐ 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 that demonstrates my election to the Board of Directors for the nonprofit. In addition, I will provide the selection criteria/process used for my election.

☐ I am a low-income beneficiary of a HUD program. Name of program: _____.

☐ I am a designee of a non-profit organization in the community that addresses the housing or supportive service needs of low-income residents or residents of low-income neighborhoods. Name of non-profit organization: _____.

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 Date Signature of Board Chairperson Date

_____ _____
Printed Name – Board Member Printed Name – Board Chairperson