

SUPPORTIVE SERVICES CERTIFICATION FORM

One Supportive Services Certification form must be completed for every Supportive Service offered. All applications must meet scoring requirements in order to be eligible for HOME Program Awards. Supportive Services indicated will be reviewed for implementation and compliance during monitoring of the project.

Municipality

Applicant			
Physical Address			
Activity (Rehabilitation or Reconstruction)		Number of Units % Per Activity	

Chief Elected Official			
Mailing Address			
Contact Person		Title	
Phone Number		Email	

Service Provider

Provider Name			
Mailing Address			
Contact Person		Title	
Phone Number		Email	
Website			

Service Information

Type of Service			
Location of Service		If off-site, specify	
Frequency of Service		Length of Initial Term	

Description of Service *(Provide brochures, attachments, or additional information if applicable.)*

Certification

I hereby certify that the foregoing information is true and correct. Additionally, all information represented herein is supported by the attached contract.

SERVICE PROVIDER

CHIEF ELECTED OFFICIAL

By: _____
Its: _____
Date: _____

By: _____
Its: _____
Date: _____