

**COMMUNITY SERVICE CERTIFICATION FORM**

One Community Service Certification form must be completed for every Community Service offered. All applications must meet threshold requirements in order to be eligible for reservation of an HTF Award. The below described service (or an approved comparable substitute service) must be provided for the entire compliance period. All services will be monitored during annual monitoring of project.

**Development**

Development Name			
Development Location			
Targeted Population		Number of Units	

**Owner**

Ownership Entity			
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	
Annual Cost of Program	Developer Cost	Tenant Cost	

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

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**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**

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**OWNER**

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_