

Special Needs Certification HTF Application Attachment

Project Name: _____

Applicant/Ownership Entity: _____

Priority Housing Needs Population *(Check all that apply)*

Extremely-Low-Income Families (30% AMI)

Small Households (Single or 1-4 Persons)

Certification

The Undersigned hereby certifies:

- That by checking the box(s) above, the priority housing needs populations will be served.
- If awarded, the Undersigned knows that Compliance Staff will monitor this during compliance monitoring visits. MHC Staff may contact the Applicant for additional information if necessary.

Points will be awarded for addressing any of the priority housing needs as identified in the current State of Mississippi's Consolidated Plan. (Serving Very Low to Low-Income Individuals and families are identified as the highest priority).

Representative of Ownership Entity

Date