

**I. Cover Sheet**

1. Submission date:
2. Submitter name:
3. Type of submission (*e.g.*, single program participant, joint submission):
4. Type of program participant(s) (*e.g.*, consolidated plan participant, PHA):
5. For PHAs, Jurisdiction in which the program participant is located:
6. Submitter members (if applicable):
7. Sole or lead submitter contact information:
  - a. Name:
  - b. Title:
  - c. Department:
  - d. Street address:
  - e. City:
  - f. State:
  - g. Zip code:
8. Period covered by this assessment:
9. Initial, amended, or renewal AFH:
10. To the best of its knowledge and belief, the statements and information contained herein are true, accurate, and complete and the program participant has developed this AFH in compliance with the requirements of 24 C.F.R. §§ 5.150-5.180 or comparable replacement regulations of the Department of Housing and Urban Development;
11. The program participant will take meaningful actions to further the goals identified in its AFH conducted in accordance with the requirements in §§ 5.150 through 5.180 and 24 C.F.R. §§ 91.225(a)(1), 91.325(a)(1), 91.425(a)(1), 570.487(b)(1), 570.601, 903.7(o), and 903.15(d), as applicable.

All Joint and Regional Participants are bound by the certification, except that some of the analysis, goals or priorities included in the AFH may only apply to an individual program participant as expressly stated in the AFH.

Departmental acceptance or non-acceptance:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

Comments