

CHOICE NEIGHBORHOODS IMPLEMENTATION GRANTS
One-for-One Replacement Certification

As part of your application for Choice Neighborhoods Implementation Grant funding, you, as the executive officer authorized to sign on behalf of your organization, must certify to the following. By signing this form, you are stating that to the best of your knowledge and belief, the certification is true and correct.

Lead Applicant: _____

Name of Target Public Housing Site(s):

One-for-One Replacement of Existing Units. Each Transformation Plan must provide for the one-for-one replacement of units in the target housing project in accordance with the requirements stated in the NOFO.

I certify that the Choice Neighborhoods One-for-One Replacement requirement will be met.

As of grant application deadline:

Number of public housing units standing: _____

Number of bedrooms in the public housing units: _____

Name of Lead Applicant Executive Officer: _____

Title: _____

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, accurate, and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802; 24 CFR §28.10(b)(1)(iii)).

Signature: _____

Date: _____

Public Reporting Burden Statement: This collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.