

CHOICE NEIGHBORHOODS – CERTIFICATION OF SEVERE PHYSICAL DISTRESS

I hereby certify that:

1. I am a licensed engineer ☐ architect ☐ (check one).
2. I am not an employee of the Lead Applicant, Co-Applicant (if any), Principal Team Member (if any), Planning Coordinator (if any), Public Housing Authority, or unit of local government in which the housing project identified below is located.
3. The public and/or assisted housing development listed below meets (in the manner described in either subparagraph A or B below) the following definition of severe physical distress:

Requires major redesign, reconstruction or redevelopment, or partial or total demolition, to correct serious deficiencies in the original design (including inappropriately high population density), deferred maintenance, physical deterioration or obsolescence of major systems, and other deficiencies in the physical plant of the project.

Check one:

- A. ☐ I have conducted a physical inspection of the subject property and the development currently meets the above definition of severe physical distress;

Or

- B. ☐ The development has been legally demolished and HUD has not yet provided replacement housing assistance, other than tenant-based assistance, for the demolished units. However, the development satisfied the definition of severe physical distress (as defined above) as of the day the demolition was approved by HUD.

Name: _____

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Signature: _____ Date: _____

License number: _____ State of Registration: _____

Lead Applicant: _____

Name of Targeted Public and/or Assisted Housing Site(s):
