

Applicant's Certification

Social Inequities and Local Disparities

The Agency has requested certain certifications from the Applicant in connection with scoring in the Social Inequities Selection Criteria. Selection Criteria A.2 of the 2022 Qualified Allocation Plan (the "Allocation Plan") states that the Agency may award five (5) points for developments that specifically promote community and economic development and address social inequities. To qualify for consideration of points in this category, applicants must complete this form and include it as part of a complete Application to the Agency.

Development: _____

Please select the criteria from the listing below that the Development will meet and provide additional information supporting the assertion for which you are seeking points:

Property management procedures and requirements do not unfairly screen prospective residents due to arrest/conviction records, evictions or low/no credit scores

Additional Information: _____

Tenant applicants are made aware of appeal processes when they suspect they were screened out unfairly

Additional Information: _____

Partnerships with agency(ies) that provide financial counseling, savings programs and other resources to encourage tenant wealth building

Additional Information: _____

Partnerships with agency(ies) that provide workforce development/career training programs to help tenants build skills and career pathways

Additional Information: _____

- On-site childcare, after school opportunities, access to WIFI/computers, food program, etc.

Additional Information: _____

- Incorporate arts/local culture/services reflective of the community and residents

Additional Information: _____

- Development Team includes MBE/WBE-led companies.

Additional Information: _____

- Development Team includes Small Businesses.

Additional Information: _____

- Residents with disabilities and diverse language needs can live and stay in units that accommodate their needs

Additional Information: _____

- Development addresses mental health needs of residents

Additional Information: _____

Acknowledged and Accepted by the APPLICANT(S)

Signed: _____ Date: _____

Print: _____

Signed: _____ Date: _____

Print: _____