

Tab 12 – Affordable and/or Accessible Unit Certification of Selection Criteria

The certification form must be completed and signed by the applicant verifying all of the requirements outlined in the Selection Criteria for accessible units.

Developer's/Applicant's Certification of Selection Criteria

The Agency has requested certain certifications from the developer and applicant in connection with submission of an application.

Development: _____

Please **initial** where applicable and identify number of units for all of the following that apply. As the developer/applicant, I hereby certify that the following will be met:

_____(initial) The developer/applicant agrees to provide twice as many fully accessible units as are otherwise required (under local, state, or federal mandate, whichever is greater) in the development. All employee and market rate units must be included in the total unit count when calculating the required number of accessible units. The developer must certify that these units are accessible and, that during initial lease up, the developer will exclusively reserve, for the first thirty days, the units for occupancy by persons needing the accessible units. For Preservation Developments, the developer/applicant agrees to increase the number of fully accessible units, which meet current standards, in the development by at least five percent (5%) of the total units available.

_____ Number of accessible units in development.

_____(initial) Developments must provide a financing plan which evidences that at least ten percent (10%) of the units in Urban Areas and five percent (5%) of the units in Suburban/Rural Areas are affordable to persons at or below twenty percent (20%) of the area median income (AMI), adjusted for family size. At least half of these units must be accessible. (Existing affordable developments with a demonstrated average occupancy rate of ninety percent (90%) or above over last five years may be exempt from having to meet the twenty percent (20%) AMI requirement for these units.)

_____(initial) For the units affordable at or below twenty percent (20%) of the AMI, a **written letter of agreement** shall be in place with the county Supportive Housing Local Lead Agency (LLA) as designated by the Commonwealth's Department of **Human Services** to assure that sufficient referrals are received for tenancy from households who are income-eligible and/or in need of the accessibility features. If no designated county Supportive Housing LLA exists, another referring entity may be utilized.

_____ Number of affordable units at 20% AMI.

Identify the LLA/Referring agency for these units:

Acknowledged and Accepted by the APPLICANT

Applicant: _____

Date: _____

Print: _____

Co-Applicant: _____

Date: _____

Print: _____