

2011 UNIVERSAL CYCLE - VERIFICATION OF INCLUSION IN LOCAL HOMELESS ASSISTANCE CONTINUUM OF CARE PLAN BY LEAD AGENCY

Name of Development: _____
(Part III.A.1. of the 2011 Universal Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

Catchment Area: _____

Lead Agency (if it has been designated): _____

The Lead Agency for the Catchment Area identified above confirms that the Development identified above meets the following criteria:

1. The proposed Development is located within the Catchment Area identified above;
2. The nature and scope of the proposed Development is in conformance with the Local Homeless Assistance Continuum of Care Plan that is on file, at the time of Application Deadline, with the State Office on Homelessness; and
3. The proposed Development is specifically included in the list of activities to be undertaken as part of the implementation of the Local Homeless Assistance Continuum of Care Plan that is on file, at the time of Application Deadline, with the State Office on Homelessness.

CERTIFICATION BY THE LEAD AGENCY OF INCLUSION IN LOCAL HOMELESS CONTINUUM OF CARE PLAN:

I certify that the above information is true and correct.

_____ Signature	_____ Print or Type Name
_____ Print or Type Agency Name	_____ Print or Type Title

-OR-

The State Office on Homelessness confirms that the Development identified above meets the following criteria:

1. The proposed Development is located within the Catchment Area identified above, and
2. The proposed Development is in a Catchment Area for which no Local Homeless Assistance Continuum of Care Plan has been recognized by the State Office on Homelessness at the time of Application Deadline.

CERTIFICATION BY THE STATE OFFICE ON HOMELESSNESS THAT NO LOCAL HOMELESS CONTINUUM OF CARE PLAN EXISTS:

I certify that the above information is true and correct.

_____ Signature	_____ Print or Type Title
_____ Print or Type Name	_____ Print or Type Title

This certification must be signed by the authorized signatory from the Lead Agency or from the State Office on Homelessness. Other signatories are not acceptable. If the certification is inappropriately signed, the Application will not qualify for the Homeless Demographic Commitment. If the certification contains corrections or 'white-out' or if it is scanned, imaged, altered, or retyped, the Application will fail to qualify for the Homeless Demographic Commitment. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 35"