Illinois Housing Development Authority
Scoring – Minority-, Female-, Persons with Disabilities-Owned Business Participation Certification

Project Name:_____
Project Location or Address:_____
Owner: _____

The undersigned, certifies that fifty-one percent (51%) of the Board of Directors of _____ (Participant) are minorities, females, or persons with disabilities:

Names of Board Member	Female, Minority, Person with Disabilities, or None

Participant: _____

By: _____Date_____
Signature

Name: _____

Its: _____
Title