

## ATTACHMENT A

**REQUIRED CERTIFICATION FORMAT FOR FY 2003 HOUSING CHOICE  
VOUCHER FSS PROGRAM COORDINATOR FUNDING FOR PHAs THAT  
RECEIVED FUNDING UNDER AN FSS NOFA IN FY 1999, FY 2000, FY 2001, or  
FY 2002**

Mr. Michael E. Diggs, Director  
Grants Management Center  
Housing Choice Voucher FSS Program Coordinator Funding  
2001 Jefferson Davis Highway, Suite 703  
Arlington, VA 22202

Dear Mr. Diggs:

In connection with the FY 2003 NOFA for Housing Choice Voucher (HCV) FSS program coordinators, I hereby certify for the \_\_\_\_\_ (*enter PHA name and PHA number. For joint applications, please indicate the names and PHA numbers of all co-applicants and identify the lead PHA that received and administered funds received under an FY 1999, FY 2000, FY 2001, or FY 2002 FSS NOFA*) that:

(1) Program status: (*Check all statements In 1(a) through 1 (e) below that apply to this application.*)

\_\_\_\_ (a) The PHA received funding under the an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

\_\_\_\_ (b) The PHA continues to operate a HCV FSS program.

\_\_\_\_ (c) The PHA filled one or more coordinator positions funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

\_\_\_\_ (d) The PHA has executed FSS contracts of participation with HCV FSS program participants.

\_\_\_\_ (e) The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum.

(2) Program Accomplishments: (*Provide information for items 2 (a) through 2(g). Enter N/A for any item that does not apply to your program.*)

(a) The number of families enrolled in the PHA's HCV FSS program as of 9/30/02:

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