

that can demonstrate that it serves FSS program participants or graduates: Yes

____ No ____ *(If yes, identify program or programs here.)*

(c) The PHA currently has ____ *(Enter number)* FSS families participating in or ready to participate in the homeownership program or programs identified above.

(d) The Housing Choice Voucher program size in the PHA's HUD-approved FSS action plan is _____ FSS slots.

(e) Total salary requested for the FSS homeownership coordinator position, including, if applicable, base salary plus fringe benefits: ____ *(Salary must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$62,500.)*

(5) Total number of positions requested under this NOFA: _____ *(Enter the total number of Housing Choice Voucher program coordinator positions requested under the FY 2003 Housing Choice Voucher FSS NOFA. Total should include all renewal positions requested in item 3 and 4 above.)*

(6) Additional Certifications: *(Check each item in (6) (a) through 6(c) that applies.)*

____(a) The PHA is in compliance with the Fair Housing and Civil Rights requirements stated in section V.(B) of the FY 2003 SuperNOFA.

____(b) The PHA is in compliance with requirements regarding lobbying stated in section V.(N) of the FY 2003 SuperNOFA.

____(c) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the above positions is on file at the PHA.

If there are any questions, please contact _____ at _____

Sincerely,

Executive Director