

ATTACHMENT B

**Required Format for Certification from PHAs that Did Not Receive Rental
Certificate/Housing Choice Voucher FSS Program Coordinator 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 FSS program coordinators, this is a request for funds to pay the salary of a Housing Choice Voucher FSS program coordinator for one year. I hereby certify for the _____ (*Enter PHA name and PHA number. For joint applications, indicate the names and PHA numbers of all co-applicants and identify the lead PHA that will receive and administer the funding requested under this NOFA.*) that:

1. Our HUD-Approved FSS Program Size is: _____. (*Enter the total number of HUD-approved voluntary and mandatory Housing Choice Voucher FSS program slots identified in the PHAs HUD-Approved FSS Action Plan OR when PHAs are applying jointly, the combined total of Rental Certificate/Housing Choice Voucher FSS program slots in the HUD-approved Action plans of the PHAs.*)

2. Salary Requested: Total Housing Choice Voucher FSS Program Coordinator salary, INCLUDING, if applicable, amount for fringe benefits: _____.

3. Additional certifications: (*Check each item in 3(a) through 3(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.