

**EXHIBIT 8(j)****CERTIFICATION FOR  
PROVISION OF  
SUPPORTIVE SERVICES  
(Section 811 Only)**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0462  
(exp. 12/31/2003)

Public reporting burden for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

The undersigned certifies that this Agency has reviewed the Sponsor's supportive services plan and finds that:

1. The provision of supportive services is:

☐ Well designed      ☐ Not well designed

to serve the individual needs of persons with disabilities the housing is expected to serve.

2. The provision of supportive services will enhance independent living success and promote the dignity of those who will access the proposed project.

☐ Will enhance      ☐ Will not enhance

3. The supportive services will be available on a consistent, long-term basis.

☐ Yes      ☐ No

4. The proposed housing is:

☐ Consistent      ☐ Inconsistent

with State or local plans and policies addressing the housing needs of people with disabilities.

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Project Location

\_\_\_\_\_  
(Print Name of Authorized Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Agency Name)