Community/Neighborhood Revitalization Plan Certification

Project Name: _____   Date of Certification: _____

Project Location - City: _____   County: _____

Directions: A copy of the entire revitalization plan, as well as a map of the targeted area and evidence of the plan's adoption or reauthorization, must be uploaded with the application attachments. Please note that short term work plans, comprehensive plans, consolidated plans, municipal zoning, land use plans, and plans formulated by the Project Owner and submitted for local government approval do not qualify. The Applicant must identify the page of the revitalization plan which supports each statement on this Certification.

1. Name of Community Revitalization Plan: _____

2. Name of government body that adopted the plan: _____

3. Date the plan became effective: _____

4. Have the following been uploaded with the online application?
   Entire revitalization plan: _____   A map of the area targeted: _____
   Evidence of adoption/reauthorization: _____

5. Describe the area covered by the plan. If the site is located in an urban area, the plan should be for the city or municipality in which the site is located. If the site is located in a rural area, the plan may be for a neighborhood as large as one county.

   _____

   Page of plan that references area covered: _____

6. List sources of non-KHC funding committed to the plan:

Source	Type of Funding	Amount	Plan Page Reference

7. Page of plan that clearly delineates target area and that includes the proposed project site: _____

8. Please provide the plan's detailed policy goals (one of which must be the rehabilitation/production of affordable multifamily housing):
   a. _____
   b. _____
   c. _____
   d. _____
   e. _____
   f. _____
   g. _____
   h. _____
   i. _____
   j. _____

   Page(s) of plan that reference policy goals that include affordable multifamily housing: _____

9. Provide narrative on how the project supports at least one of the goals of the revitalization plan:

   _____

The undersigned certifies to Kentucky Housing Corporation that the statements contained in this certification are true and correct.

Applicant Signature: _____   Print Name: _____   Date: _____