

**CHOICE NEIGHBORHOODS – CERTIFICATION OF SEVERE PHYSICAL DISTRESS**

I hereby certify that:

1. I am a licensed engineer ☐ architect ☐ (check one).
2. I am not an employee of the Lead Applicant, Co-Applicant (if any), Principal Team Member (if any), Planning Coordinator (if any), Public Housing Authority, or unit of local government in which the housing project identified below is located.
3. The public and/or assisted housing development listed below meets (in the manner described in either subparagraph A or B below) the following definition of severe physical distress:

*Requires major redesign, reconstruction or redevelopment, or partial or total demolition, to correct serious deficiencies in the original design (including inappropriately high population density), deferred maintenance, physical deterioration or obsolescence of major systems, and other deficiencies in the physical plant of the project.*

Check one:

- A. ☐ I have conducted a physical inspection of the subject property and the development currently meets the above definition of severe physical distress;

Or

- B. ☐ The development has been legally demolished and HUD has not yet provided replacement housing assistance, other than tenant-based assistance, for the demolished units. However, the development satisfied the definition of severe physical distress (as defined above) as of the day the demolition was approved by HUD.

Name: \_\_\_\_\_

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, accurate, and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Lead Applicant: \_\_\_\_\_

Name of Targeted Public and/or Assisted Housing Site(s):

\_\_\_\_\_

**Public Reporting Burden Statement:** This collection of information is estimated to average one hour 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 the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.