TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS (TDHCA) AUDIT CERTIFICATION FORM (ACF)

Entitur									Contract		
Entity:						FYE:	(/ /	Number:		
							(mm) (de	a) (yy)			
Check appropriate box:											
	We <u>have exceeded</u> the \$500,000 federal/state expenditure threshold for the fiscal year referenced above. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) months after the end of the audited fiscal year.										
	We <u>did not exceed</u> the \$500,000 federal/state expenditure threshold for the fiscal year referenced above. A Single Audit or a Program Specific Audit is not required for this fiscal year. <i>(Fill out Federal and State Funds Schedules below)</i>										
(Must be filled out if Single Audit or Program Audit is NOT required)											
Federal Funds Schedule											
Federal Grantor		Pass-through Grantor		Program Name & CFDA Number		Contract Number		Expenditures			
Total					doral Expanditures for the Fiscal Va			al Voor:	•		
Total Federal Expenditures for the Fiscal Year:\$											
State Funds Schedule											
State Grantor			Pass-through Grantor (if any)	Program Name		ne	Contract Number		Expenditures		
				Total State Evnenditures			for the Fiscal Vear		\$		
Total State Expenditures for the Fiscal Year:\$											
(authorized signatu (Executive Director, Mayor, C				(printed na		nted na	me)		(title)		
(mailing address)			address)	(city, sta		ity, stat	te)		(zip code)		
(email address)					(telephone number)				(fax number)		

In accordance with the Texas Administrative Code, Title 10, Part 1, Chapter 1, Subchapter A, Rule §1.3 (b), an Entity "...is not eligible for funds or any other assistance from the department unless any past due audit has been submitted to the department in a satisfactory format on or before the application deadline for the funds or other assistance."

WARNING: The U. S. Code, Title 18. Part 1, Chapter 47, §1001 (a)(1)-(3) indicates that an Entity is guilty of falsification and fraud for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Unless directed otherwise during the application process, submit this form within 60 days after the end of the fiscal year to:

Compliance and Asset Oversight

P. O. Box 13941, Austin, TX 78711-3941

Fax # (512) 475-3359