

# Community Development Financial Institutions Fund

## CDE Certification Application

### LOW INCOME REPRESENTATIVE FORM

(Complete and submit requested information for each proposed LIC representative. Reproduce additional copies of the form as needed.)

1. Board Member's Name: \_\_\_\_\_
2. Service Area **BOARD MEMBER** (not Applicant) represents (e.g. County(ies), (P)MSA, State(s), National): \_\_\_\_\_
3. How is the Board Member representative of LICs? (Check and complete information in **only one** category below)

A. Is a resident of a LIC. Provide the information below.

Board Member's Complete Home Address:	
Census Tract (11 digit FIPS code):	

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B. Is a small business owner who controls, operates or manages a business located in a LIC that: a) provides goods and services to LIC residents; or b) principally employs LIC residents.

Business Name:	
Business' Complete Street Address:	
Census Tract (11 digit FIPS code):	

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Provide a clear and concise description of the goods and/or services the business provides to the LIC, and/or how it was determined that the business principally employs LIC residents.

Description of goods and/or services:	
Explain how and what percentage of LIC residents the business employs:	

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C. Is an employee or board member of a non-affiliated community-based or charitable organization that provides more than 50 percent of its activities or services to Low-Income Persons and/or LICs. Provide **ALL** of the information below.

Board Member Title:	
Charitable organization name:	
Organization Website Address:	
Geographic area <u>organization</u> serves (County(ies), State, or Metropolitan Statistical Areas):	
Describe the organization's primary activities and services that <b>directly</b> benefit Low-Income Persons and/or Communities:	
<b>Primary Low-Income Mission Certification:</b>	The organization named above has a primary mission to serve low-income persons and/or communities, and more than 50% of the organization's program activities and services are directed to benefiting low-income persons and/or communities.

D. Is a religious leader whose congregation is based in an LIC.

Board Member Title:	
Religious Entity Name:	
Religious Entity's Complete Street Address:	
Census Tract (11 digit FIPS code):	

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E. Is a governmental agency/department employee that primarily serves *LICs*, **or** is a governmental agency/department employee whose job responsibilities primarily involve serving *LICs*.

Board Member Title:	
Agency/Department Name:	
Agency/Department Website:	
Geographic area agency/department Serves (County(ies), state, or Metropolitan Statistical Areas):	
Describe the Agency/Department's primary activities and services, or the Board Member's primary job responsibilities, that benefit Low-Income Persons and/or Communities:	
<b>Primary Low-Income Mission Certification:</b>	The agency/department has a primary mission, or the Board Member has primary responsibilities, to serve low-income persons and/or communities, and more than 50% of the agency/department's program activities and services, or more than 50% of the Board Member's responsibilities, are directed to benefiting low-income persons and/or communities.

F. Is, or works for, an elected official whose constituency is comprised primarily of *LICs* or residents of *LICs*. Provide information below.

Board Member organization title:	
Elected Official Name:	
Elected Official's Geographic Jurisdiction:	
Explain how it was determined that the elected official's constituency is comprised primarily of <i>LICs</i> or <i>LIC</i> residents:	

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**The LIC representative** identified above certifies that all of the information provided by the Applicant CDE is true and accurate.

LIC Representative Signature:	Date: