**State of Wisconsin**

##### Department of Administration

**Division of Energy, Housing and Community Resources**

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**Wisconsin Consolidated Plan**

**CERTIFICATION FORM**

This form or a HUD authorized equivalent, should be completed by the local sponsor to obtain certification of consistency with the State of Wisconsin Consolidated Plan. The State Department of Administration, Division of Energy, Housing and Community Resources will process Certification requests as promptly as possible; however please submit a request as early in the application process as you can.

**SEND TO:**

**Consolidated Plan Certification**

**Department of Administration, Division of Energy, Housing and Community Resources**

**P.O. Box 7970**

**Madison, WI 53707-7970**

**PHONE: (608) 264-8801**

**FAX: (608) 266-5381**

**TDD: (608) 264-8777**

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| PART I |

|  |  |  |
| --- | --- | --- |
| **1)** | **Today’s Date:** |  |
|  |  |  |
| **2)** | **Due Date of HUD Application:** |  |
|  |  |  |
| **3)** | **Name of Sponsor:** |  |
|  |  |  |
| **4)** | **Headquarters Address:** |  |
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|  |  |  |
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|  |  |  |
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| **5)** | **Name of Project:** |  |
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| **6)** | **Project Address:** |  |
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|  |  |  |
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| **7)** | **Contact Person & Phone Number:** |  |
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| PART II |

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| **8)** | **Description Of Project: *(Describe the project including funding sources, total project budget, total units, type of units and occupant incomes. Attach separate page if necessary.)*** |
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| PART III |

#### Certification of Consistency with

#### Comprehensive Housing Affordability Strategy or Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Comprehensive Housing Affordability Strategy or Consolidated Plan.

***(Type or clearly print the following information)***

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Project Name:** |  |
| **Name of Federal Program to which the Applicant is Applying:**  |  |

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| ***For Division of Energy, Housing and Community Resources Use Only:*** |

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| --- | --- |
| Name of Public HousingAgency Jurisdiction: | State of Wisconsin |
|  |  |
| Certifying Name and Title of Jurisdiction’s Consolidated Plan Official:  | Sara Buschman, Administrator **Division of Energy, Housing and Community Resources****Department of Administration** |
| DEHCR Approval Date: |  |
| DEHCR Approval Signature: |  |