

CERTIFICATION DOCUMENTATION
FOR THE
TAX CREDIT PROGRAM

This is to certify that _____ (print name of tenant/resident) meets the definition of "Frail Elderly" as outlined in (Section 5:80-33.2, Definitions) in the Low Income Housing Tax Credit Qualified Tax Credit Allocation Plan.

Name of Project: _____

HMFA Project #: _____

Signatures:

Owner/Managing Agent: _____

Date: _____

*"Frail elderly" means a person at least 62 years of age who requires assistance in performing at least two activities of daily living or instrumental activities of daily living (that is, eating, dressing, grooming and household management activities),

Documentation Received:

_____ Letter from Physician indicating resident/tenant requires assistance with at least two activities of daily living (ADL's).

_____ Copy of Award letter from the County Division on Aging indicating that tenant/resident is eligible for programs such as the CAP, JACC, CCPED or GO programs.

_____ Copy of Award letter from the County Board of Social Services indicating that tenant/resident is eligible for programs such as the CAP, JACC, CCPED or GO programs.

This memorandum contains advisory, consultative and deliberative material and is intended only for the person(s) named as recipient(s).