

Certification of Consistency with the Consolidated Plan – Lake County

Please return this form to the Lake County Community Development Division no later than 10 business days before the application deadline. Forms may be returned in person, by fax (847.984.5745), email (communitydevelopment@lakecountyil.gov), or regular mail (500 West Winchester Road, Unit 101 – Libertyville, IL 60048).

Please also enclose a completed copy of the HUD form 2991 (<http://hudclips.org/forms/HUD-2991>) with your package.

Applicant Organization:	
Project:	
DUNS Number:	
Address:	
Contact Person:	
Telephone:	
Email:	
HUD Program Name:	

Has this project/program been certified as consistent with the Consolidated Plan before?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Year Certified	<input type="checkbox"/>	No
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Do you require a Letter of Support?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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** If yes, please include a draft letter*

Please Return:

- This Form
- A completed HUD-2991 Form
- An executive summary of the project (may be from application)
- A Draft Letter of Support (optional)

Introduction

The following information must be completed by any organization that requires certification of their project/program/activity being consistent with the Lake County Consolidated Plan. The US Department of Housing & Urban Development (HUD) requires this certification in many of its applications. See the individual application for more details.

Applications for certifications must be submitted no later than 10 business days before the deadline for submitting your application to HUD. Lake County is not able to guarantee a certification in time for submission with your application if the Community Development Division has not received the complete certification application in time.

Project Information

Project Description

Please describe the project and how it relates to the Consolidated Plan (include number of units for housing projects).

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Project Location (please include a small map)

Street Address:	
City & ZIP:	
Census Tract(s):	

Type of Project or Activity (check the category which fits best)

<input type="checkbox"/>	Affordable Housing	
<input type="checkbox"/>	Rental Housing	
<input type="checkbox"/>	Homeownership Housing	
<input type="checkbox"/>	Homeless Facility or Program	
<input type="checkbox"/>	Emergency Shelter	
<input type="checkbox"/>	Transitional Housing	
<input type="checkbox"/>	Permanent Supportive Housing	
<input type="checkbox"/>	Public Infrastructure	
<input type="checkbox"/>	Public Services	
<input type="checkbox"/>	Other (Specify)	

Populations Served (check all that apply)

<input type="checkbox"/>	Elderly (62+)
<input type="checkbox"/>	Frail Elderly
<input type="checkbox"/>	Youth (Ages 6-17)
<input type="checkbox"/>	Children (Under 6)
<input type="checkbox"/>	Chronic Mental Illness
<input type="checkbox"/>	Developmentally Disabled
<input type="checkbox"/>	Physically Disabled
<input type="checkbox"/>	Chronic Substance Abusers
<input type="checkbox"/>	Dually-diagnosed (Mentally Ill & Substance Abuse)
<input type="checkbox"/>	Homeless Individuals
<input type="checkbox"/>	Homeless Families
<input type="checkbox"/>	Persons with HIV/AIDS
<input type="checkbox"/>	Victims of Domestic Violence
<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Other (Specify)

Housing Development Projects and Homeless Facilities

Permanent Housing	Total Units	Bedroom Size(s) *	Total Persons
Rental			
1-4 Unit Bldg			
5 + Unit Bldg			
Homeownership			
1-4 Unit Bldg			
5+ Unit Bldg			
Homeless Facilities	Beds/Units	Bedroom size(s)	Total Occupancy
Emergency Shelter			
Transitional Housing			

* Please specify number of each bedroom size (10 SROs, 5 1-BR units, 6 2-BR, etc.)

Income Targeting (check all that apply)

Income Category	Number of Housing Units	Number of Persons
Very Low Income (0-30% of AMI)		
Low Income (31-50% of AMI)		
Low-Moderate Income (51-80 of AMI)		
Moderate Income (81-100% of AMI)		
Over 100% of AMI		

*AMI = Area Median Income