**CERTIFICATION OF INFORMATION**

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY**

**CERTIFICATION OF INFORMATION**

For 2024 Community Action Plan

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Executive Director**), hereby certify that all information stated herein, as well as any information provided in an accompaniment herewith, is true and accurate within this Indiana Housing and Community Development Authority’s annual plan for Community Action Agencies. In addition, the information accurately reflects the revenue, expenses, and services to be delivered within the grant period. Further, I certify that the agency will comply with all relevant rules, regulations, assurances, policies, procedures, guides and manuals, and any amendments thereto which the State deems necessary to achieve the objectives of the IHCDA Community Programs for which my agency receives funding.

**Agency’s** Legal Name

Signature of **Executive Director**

Printed Name of **Executive Director**

**Date**