

Board Membership - Low Income Neighborhood Requirement

Board Member Name _____

Address: _____

City: _____ State: _____ Zip Code: _____ *Census Tract _____

I certify that the information above is true and complete to the best of my knowledge on the date hereof

Signature of Board Member

Date

Official Use Only:

The Board member has met the 51% neighborhood requirement necessary to qualify under 1/3 represented by low income.

CITY OF ROCKFORD APPROVED BY:

Grants Compliance Supervisor

Date