

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Housing Authority of Cochise County

Project Name: Cochise County Family Self-Sufficiency Program

Location of the Project: Housing Authority of Cochise County
100 Clawson Avenue, P.O. Box 167
Bisbee, AZ 85603

Name of the Federal
Program to which the
applicant is applying: HCV FSS Program Coordinator Funding

Name of
Certifying Jurisdiction: Cochise County, Arizona

Certifying Official
of the Jurisdiction
Name: Ann English

Title: Chairman, Cochise County Board of Supervisors

Signature: _____

Date: _____