**DELAWARE STATE HOUSING AUTHORITY
CONCERTED COMMUNITY REVITILIZATION PLAN**

Certification must be included with Exhibit #22 if attempting to achieve points for concerted community revitalization plan in the Community Revitalization and Downtown Development District category.

[PLAN AUTHOR LETTERHEAD]

Date

Director

Delaware State Housing Authority

18 The Green

Dover, DE 19901

Re: LIHTC Application for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Development Name)

Dear Director,

I certify that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of plan) has been adopted and/or updated within the last 5 years. The attached plan is a true and correct version as adopted and/or updated.

|  |  |
| --- | --- |
| Date of Approved Plan: |  |
| Name of Certifying Entity: |  |
| Name of Certifying Official: |  |
| Title of Certifying Official: |  |

Sincerely,

Attachment