

CERTIFICATION OF SHELTER STANDARDS

The _____ certifies that the following
(Name of Applicant)

Emergency Shelter(s) meet the Federal Requirements listed in 24 CFR Part 576.403 including lead-based remediation and disclosure and minimum standards for emergency shelters.

Name of Shelter:	Name of Shelter:	Name of Shelter:	Name of Shelter:
Shelter Address:	Shelter Address:	Shelter Address:	Shelter Address:

- * If more than 4 shelter locations please provide additional form
- * VSP providers please enter "VSP Provider" in Shelter Address box.

(Signature) _____

(Date) _____

(Name and Title) _____

To be signed by local government official or board chairperson, as applicable.