



CERTIFICATE OF "CUP" PROGRAM COMPLIANCE
SENIOR CITIZEN HOUSING

Project Name _____

Project Address: _____

Contact Person: _____

Telephone Number _____

Total # of Units: _____

CUP Number: _____

Unit #	Move In Date	Tenant Name	Age	Handicapped (√)	Source of Age/Handicap Verification	# of Vehicles	Section 8 (√)

I hereby certify that the representations set forth herein are true and correct to the best of my knowledge.

Signature: _____

Date: _____