

SCHOLARSHIP PROGRAM APPLICATION

CERTIFICATION INFORMATION FOR RESIDENTS OF PUBLIC HOUSING, SECTION 8, AND COMMUNITY DEVELOPMENT PARTICIPANTS

AGENCY CERTIFICATION

I hereby certify that _____, is a resident/participant in the
(Applicant Name)
Public Housing / Section 8 / Community Development (*Circle One*) Program
administered by this agency. I also certify that the family income of the applicant is
equal to or less than HUD's "low income" limit for the family size.

Agency Name

Signature of Administrator / Executive Director
(Must be a current member of OKNAHRO)

Date