DCED-CMT-161 (11-15)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMPLIANCE, MONITORING & TRAINING

FAIR HOUSING DIRECT ENTITLEMENT FORM

GRANTEE INFORMATION

1. GRANTEE (NAME & ADDRESS):	**2. DATE PREPARED:**	**3. REPORTING YEAR:**
	4. CONTACT PERSON:	
	5. PHONE & EMAIL ADDRESS:	

FAIR HOUSING PLAN

1. County:

2. Does your municipality have a Fair Housing Plan? ☐ Yes ☐ No

3. If yes, are you following HUD's recommendations? ☐ Yes ☐ No

CERTIFICATION

Any false statements made knowingly and willfully may subject the signer to penalties under Section 1001 and 1010 of Title 18 of the United States Code.

1. SIGNATURE OF CEO:	
2. PRINTED NAME & TITLE:	**3. DATE:**