



**REHAB ACCESSIBILITY PROGRAM
PROJECT CERTIFICATION**
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 60407 (07/24)

| | | | |
|---|------|--------------------------------------|----------|
| Applicant Name or Organization Name | | | |
| Organization Representative (if applicable) | | Representative Title (if applicable) | |
| Address | City | State | ZIP Code |
| Telephone Number | | Email Address (if available) | |

The applicant named above hereby confirms that the Rehab Accessibility Program (RAP) project, as stated in the application, has been completed. This applicant also certifies that the household(s) for whom the assistance was obtained meets program guidelines.

PROJECT COSTS

| | |
|---|------|
| Total costs supported by invoices attributable to the RAP project are | |
| Applicant Signature | Date |