



State of Montana
 Department of Commerce
 301 S. Park Avenue
 PO Box 200501
 Helena, MT 59620
DOCCertification@mt.gov

Request for Certification of Consolidated Plan Consistency

Applicant:	
Name and Address:	
Authorized Representative:	
Title of Authorized Representative:	
Authorized Representative Contact Information:	
Federal Funding Program:	
Proposed Project Name:	
Number of Housing Units and/or Persons to be Served:	
Location of Project:	
Project Geographic Area:	
Identified Need:	
Description of Proposed Project/Activity:	
Category of Residents and Income Levels to be Assisted:	

I certify the proposed projects/activities in this request are consistent with the State of Montana's Consolidated Plan.

 Signature of Authorized Representative

 Date

If a Public Housing Authority: I certify that the Five Year and Annual PHA Plan of the _____ (PHA) is consistent with the Consolidated Plan of the State of Montana.

 Signature of Authorized Representative

 Date