

**2014 TRUST FUND MONITORING IN CTM SYSTEM
CERTIFICATION OF COMPLETION**

We, the undersigned, certify that *(name)*: _____ has entered the affordable housing trust fund monitoring data covering the period through _____ via the Department of Community Affairs' CTM System, and the information entered is true and correct to the best of our knowledge and is verified by the enclosed 12 months of bank statements. We have been authorized by the chief executive officer or governing body of *(municipality)*: _____ to execute this certification. The information entered in the CTM System may be used to determine the need for on-site monitoring or an audit by Department's Council on Affordable Housing staff.

OR

We, the undersigned, certify that *(municipality)*: _____ had "**No Activity**" of its affordable housing trust fund monitoring data covering the period through _____ via the Department of Community Affairs' CTM System, and we certified this information is true and correct to the best of our knowledge. We have been authorized by either the chief executive officer or the municipal governing body of *(municipality)*: _____ to execute this certification.

Print Name: _____
Affordable Housing Trust Fund Report Preparer

Date: _____ Signed: _____

Print Name: _____
Municipal Housing Liaison *(if different than above)*

Date: _____ Signed: _____

Print Name/Title: _____
If MHL has not been designated, Other Municipal Representative

Date: _____ Signed: _____

Return this form, along with corresponding bank statements (and reconciliation if needed) to:

Council on Affordable Housing
Department of Community Affairs
PO Box 813
Trenton, NJ 08625-0813