

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: El Dorado County Public Housing Authority

Project Name: Family Unification Program

Location of the Project: County of El Dorado

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\_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying: 2010 Family Unification Program

Name of  
Certifying Jurisdiction: County of El Dorado

Certifying Official  
of the Jurisdiction  
Name: Norma Santiago

Title: Chair, County of El Dorado Board of Supervisors

Signature: \_\_\_\_\_

Date: \_\_\_\_\_