

**2024 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: \_\_\_\_\_