

**2014 RCA MONITORING IN CTM SYSTEM
CERTIFICATION OF COMPLETION**

I/We, the undersigned, certify that _____ has entered the affordable housing project, unit and RCA Bank monitoring data covering the period through _____ via the Department of Community Affairs' CTM System, and that the information entered is true and correct to the best of our knowledge. I/We have been authorized by the chief executive officer or municipal governing body of _____ 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

I/We, the undersigned, certify that _____ had **"No Activity"** of its affordable housing project, unit and RCA Bank monitoring data covering the period through _____ via the Department of Community Affairs' CTM System, and I/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 _____ to execute this certification.

Print Name: _____

Affordable Housing Project / Unit Report Preparer

Date _____ Signed _____

Print Name: _____

RCA Administrator *(if different than above)*

Date _____ Signed _____

Return this form to:
Council on Affordable Housing
Department of Community Affairs
PO Box 813
Trenton, NJ 08625-0813