

**CHOICE NEIGHBORHOODS - CERTIFICATION OF SEVERE PHYSICAL DISTRESS**

I hereby certify that:

- 1. I am a licensed engineer  architect  (check one).
- 2. I am not an employee of the Lead Applicant, Co-Applicant (if any), Principal Team Member (if any), Planning Coordinator (if any) or unit of local government in which the housing project identified below is located.
- 3. The public and/or assisted housing development listed below meets (in the manner described in either subparagraph A or B below) the following definition of severe physical distress:

*Requires major redesign, reconstruction or redevelopment, or partial or total demolition, to correct serious deficiencies in the original (including inappropriately high population density), deferred maintenance, physical deterioration or obsolescence of major systems, and other deficiencies in the physical plant of the project.*

Check one:

A.  The development currently meets the above definition of severe physical distress;

Or

B.  The development has been legally demolished and HUD has not yet provided replacement housing assistance, other than tenant-based assistance, for the demolished units. However, the development satisfied the definition of severe physical distress (as defined above) as of the day the demolition was approved by HUD.

Name: \_\_\_\_\_

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

License number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Lead Applicant: \_\_\_\_\_

Name of Targeted Public and/or Assisted Housing Site(s):  
\_\_\_\_\_

Warning: HUD will prosecute false claims and statements. Conviction may result in the imposition of criminal and civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

**OMB Approval No. 2577-0269**

**(exp. 2/28/2011)**

**HUD Form 53232 (3/2011)**