

**ATTACHMENT 1**  
**Commitment to Participate in the HUD-Sponsored Evaluation of the**  
**First Cohort of the MTW Expansion**

**COMMITMENT TO PARTICIPATE**

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**  
**OFFICE OF PUBLIC AND INDIAN HOUSING**

**Commitment to Participate in the HUD-Sponsored Evaluation of the First Cohort of the MTW Expansion**

In addition to the elements described in PIH Notice 2018-17, HUD will provide additional scope and information about the HUD-sponsored evaluation of the first cohort of the MTW Expansion and any additional requirements that the PHA must adhere to.

Acting on behalf of the Board of Commissioners of the applicant public housing agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I agree to ensure participation of the PHA in the HUD-sponsored evaluation of the first cohort of the MTW Expansion as described in PIH Notice 2018-17 understanding the following considerations:

- (1) The PHA must participate in the HUD-sponsored evaluation of the first cohort of the MTW Expansion whether or not it receives an MTW designation through the lottery process described in PIH Notice 2018-17.
- (2) In event the PHA is not selected to be in the treatment group, the PHA may apply to future cohorts of the MTW Expansion to which the PHA is eligible. Despite a potential designation under a future cohort, the PHA may continue to have obligations under the HUD-sponsored evaluation of the first cohort of the MTW Expansion as well.
- (3) The PHA will cooperate fully with HUD and its contractors for the duration of the HUD-sponsored evaluation of the first cohort of the MTW Expansion. Failure to comply with the HUD-sponsored evaluation of the first cohort of the MTW Expansion may affect the PHA's ability to apply to future cohorts of the MTW Expansion.

\_\_\_\_\_  
**PHA NAME**

\_\_\_\_\_  
**PHA NUMBER/HA CODE**

*I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).*

\_\_\_\_\_  
**NAME OF AUTHORIZED OFFICIAL\***

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

*\* Must be signed by either the Chairman or Secretary of the Board of the PHA's legislative body. This certification cannot be signed by an employee unless authorized by the PHA Board to do so. If this document is not signed by the Chairman or*