

FHA FORM NO. 3476
Rev. 4/68U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATIONCERTIFICATE OF ELIGIBILITY
Under Section 221 of the National Housing Act

PART I - STATEMENT OF APPLICANT

INSTRUCTIONS: This Certificate should be shown to a lender in making application for mortgage insurance under Section 221, or submitted to the owner or managing agent of a property in applying for occupancy in a rental unit built or rehabilitated with the aid of such insurance. It is to be understood that in the case of a property to be insured under Section 221, the applicant must meet other terms and conditions prescribed by the Commissioner, FHA.

Applicant - Last Name - First - Middle (Print or Type)

(a) Address (Number, Street, City, County and State) from which displaced, or subject to Displacement:

(b) Mailing Address if different from (a):

I hereby Certify to the Federal Housing Administration that the foregoing information is correct, and that I have not been previously issued a Certificate of Eligibility under Section 221 of the National Housing Act.

(Date)

(Signature of Applicant)

Section 1001 of Title 18 of the United States Code makes it a Criminal Offense to make a wilfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

PART II - STATEMENT OF CERTIFYING OFFICIAL

NOTE: This Certificate makes the holder eligible for consideration to receive the benefits of FHA mortgage insurance under Section 221 of the National Housing Act and is issued to assist in financing the purchase or construction of a dwelling or the renting of a dwelling unit constructed under Section 221. This Certificate has no reference or relationship to an applicant's financial qualifications for mortgage insurance. The Certificate is valid for a one-year period beginning with the date of issuance.

I hereby Certify to the Federal Housing Administration, based on information available to me, that the applicant has been or is subject to displacement due to the following Governmental Action, or has been displaced as a result of a major disaster as determined by the President. (See supplement to FHA Form No. 3476 for types ((2a, 2b, etc.)) of Governmental action.)

(Signature of Certifying Official)

(Day) (Month) (Year)

(Title of Certifying Official)

(Day) (Month) (Year)

(Name of Local Agency, Department,
Bureau, Organization, Etc.)

(CERTIFICATE EXTENSION, IF ANY, ON REVERSE SIDE)

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EXTENSION OF CERTIFICATE

If the holder of this Certificate has been unable to locate a standard dwelling suitable to his needs, the Certificate may be extended for a twelve-month period beginning with the first day after the original expiration date. An extension may be granted by the issuing authority, or similar authority in the new community where applicant proposes to reside.

EXPIRATION DATE EXTENDED TO:

(Day)

(Month)

(Year)

(Signature of Certifying Official)

(Title of Certifying Official)

(Name of Local Agency, Department,
Bureau, Organization, Etc.)