



REHAB ACCESSIBILITY PROGRAM
PROJECT CERTIFICATION
PLANNING AND HOUSING DEVELOPMENT DIVISION
SFN 60407 (05/18)

Applicant Name or Organization Name		
Organization Representative (if applicable)	Representative Title (if applicable)	
Address		
City	State	ZIP Code
Telephone Number	Email Address (if available)	

The applicant named above hereby confirms that the Rehabilitation Accessibility Program (RAP) project, as stated in the application, has been completed. This applicant also certifies that the household(s) for whom the assistance was obtained meets program guidelines.

PROJECT COSTS

Total costs supported by invoices attributable to the RAP project are \$
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Applicant Signature	Date
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