***Attachment B***

***WSHFC Owner Certification of Utility Estimate***

***(To be completed and included with submission)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Property Name:** |  | **OID #:** |  |

|  |  |  |
| --- | --- | --- |
| I, |  | , certify that the documentation provided in this submission |

is complete and accurate regarding actual utility costs associated with the above named project. I understand that WSHFC may require additional information to substantiate the estimates provided herein. I also certify to the following:

1. I am the authorized signator for the above named project.
2. I have personally reviewed the documentation provided for this estimate and believe it to be accurate.
3. I acknowledge that if methodology is not approved, I must implement appropriate PHA numbers for the property.
4. Estimates are based only on utilities that are sub-metered to residents where residents receive a monthly bill specific to usage in their unit.
5. *(For Method 6 only)* The estimate includes only continuously occupied units (50 or more weeks) in the most recent twelve-month period (data is current within two months of submission).
6. *(For Method 6 only)* All units in the project are listed on the enclosed spreadsheet. Any units not included in the estimate have the reason listed on spreadsheet.

Based on submitted documentation, I certify that the correct monthly average utility estimates for the above named project are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Utility  Type | Unit  Type | PHA Allowance | Current Allowance | Proposed Allowance |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Printed Name |  | Signature |
|  |  |  |
| Title |  | Date |