**Municipal Grantee Fair Housing Certification**

To be completed by the **municipality’s zoning administrator** and included by Applicant as part of a complete VCDP Application. Note: The responses to this Fair Housing Certification will not affect the competitiveness of applications, but applicants whose zoning by-laws do not comply with 24 VSA § 4412 will be required to make the necessary changes as a condition of any VCDP award.

1. Has the municipality (applicant) adopted zoning by-laws under Title 24, Chapter 117 of the Vermont Statutes? (Note: a municipality that has adopted subdivision by-laws only should respond “No.”) Yes/No

If no, please sign the certification at the bottom of the page.

If yes, please complete the following:

1. Do the municipality’s bylaws allow mobile homes, modular housing, and prefabricated housing on the same terms and conditions as conventional housing? Yes/No
2. Do the municipality’s bylaws allow mobile home parks? Yes/No
	1. Identify the district(s) or zone(s) in which mobile home parks may be permitted:
3. Do the municipality’s bylaws allow multiunit or multifamily dwellings? Yes/No
	1. Identify the district(s) or zone(s) in which multiunit or multifamily dwellings may be permitted:
4. Do the municipality’s bylaws allow accessory dwelling units in all areas zoned for single family dwellings in compliance with 24 VSA § 4412(1)(E)? Yes/No
5. Do the municipality’s bylaws allow residential care homes or group homes in all areas zoned for single family dwellings in compliance with 24 VSA § 4412(1)(G)? Yes/No

**Certification**: In my capacity as the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[title] of the City/Town/Village of \_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby certify that the above statements are true and accurate, to the best of my information and belief, as of the date of this certification.

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

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

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