**CERTIFICATION**

I, (***Designer Name)*** President of (***Design Firm Name***), hereby certify that this our invoice pertains to services rendered with (C.G.P./CFP/CFRP or Bonds) funds at ***Public Housing Project Name*** Public Housing, RQ ***00####*** on \_(**Phase**) amounting to ***$##,###.##***. The funds requested are for eligible program activities, and we have complied with all applicable federal regulation, and with the procedures set forth by the Puerto Rico Public Housing Administration.

We hereby certify that the invoice detailed below (**Invoice #)** , dated ***Date*** and for which reimbursement is requested, has not been paid by your agency, or any other source of federal or local/state funds. We also certify that we have not and will not request assistance or subsidy from any other party, government agency, or grant program to pay for this invoice or provide any subsidy for portions of the invoice.

We hereby certify that this request/invoice complies with all stipulations, obligations, and requirements established in the contract No**. *20##-000####***.

We hereby certify that all documents that support this invoice are original and are adequately safeguard at our office. We recognize and accept that all invoices and documentation, related to this certification, are subject to be audited, revised or any other procedure required by Puerto Rico Public Housing Administration or any authorized PRPHA representative at any moment, as desired by PRPHA, HUD or any other government agency (federal or local ).

We hereby certify that we freely accept all the dispositions contained in this certification, that we understand each one and the consequences of not complying with this, and that we have the legal capacity to accept and confirm this certification.

|  |  |  |
| --- | --- | --- |
| **Print Name / Title** |  | **RQ 00####** |
| Print Name and Authorized Signature \ Title |  | Project No. |
| **Date** |  | **Project Name** |
| Date |  | Project Name |
| **##** |  | **City** |
| Invoice Number |  | Location |
|  |  | **Design Firm Name** |
| Invoice Phase |  | Designer |
| **$##,###.##** |  |  |

Invoice Amount

Form AVP-500707D

Rev. June 2017