

## EXHIBIT K – HOME ARP NOFA TRAINING WEBINAR AFFIDAVIT

By signing below, I certify, that I have watched, in its entirety, the HOME ARP Supportive Services NOFA Information webinar.

NAME (PRINTED): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFEROR NAME: \_\_\_\_\_

OFFEROR PHONE: \_\_\_\_\_

OFFEROR CITY, STATE, ZIP: \_\_\_\_\_