

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

POST YEAR 15

Certification Dates:	From: January 1, 20_____	To: December 31, 20_____	
Project Name:		Tax ID # of Ownership Entity:	
Project Address:		City:	Zip:

The undersigned _____ on behalf of _____ (the "Owner"), hereby certifies that:

1. Each low-income unit in the project has been rent-restricted under Section 42(g)(2) of the Code:

☐ **YES**

☐ **NO**

2. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an adverse judgment from a federal court.

☐ **YES**

☐ **NO**

3. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or low income unit in the project.

☐ **YES**

☐ **NO**

If "**NO**", state nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5.

4. An extended low-income housing commitment as described in section 42(h) (6) was in effect, including the requirement under section 42(h) (6) (B) (iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437f. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of a section 8 voucher and the project otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment (not applicable to buildings with tax credits from years 1987-1989).

☐ **YES**

☐ **NO**

☐ **N/A**

5. There has been no change in the ownership or management of the project.

☐ **NO CHANGE**

☐ **CHANGE**

If "**CHANGE**", complete page 3 detailing the changes in ownership or management of the project.

6. During the preceding 12 month period no tenants in low income units were evicted or had their tenancies terminated other than for good cause.

☐ YES

☐ NO

7. During the preceding 12 month period no tenants had an increase in the gross rent with respect to a low income unit not otherwise permitted under Section 42 of the Code.

☐ YES

☐ NO

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

(Ownership Entity)

By: _____

Title: _____

Date: _____

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED “NO” OR “CHANGE” ON QUESTIONS 1-7

Question #	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT (To be completed **ONLY IF “CHANGE”** marked for question 5 above)

TRANSFER OF OWNERSHIP

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:	
General Partnership:	
Status of Partnership (LLC, etc):	

CHANGES IN OWNER CONTACT

Date of Change:	
Owner Contact:	
Owner Contact Phone :	
Owner Contact Fax:	
Owner Contact Email:	

CHANGES IN MANAGEMENT CONTACT

Date of Change:	
Management Co Name:	
Management Address :	
Management City, State, Zip Code:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	

Revised 9/29/16