

**OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE
POST YEAR 15 – Exited Program – No Extended Use Period**

To: New Hampshire Housing
Attn: LIHTC Asset Manager
P. O. Box 5087
Manchester, NH 03108-0587

<u>Certification Dates:</u>	From: January 1, 20_____	To: December 31, 20_____
<u>Project Name:</u>		<u>Project Number:</u>
<u>Project Address:</u>		City and Zip:
<u>Tax ID # of Ownership Entity:</u>		

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

1. 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

2. 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.

This Certification and any attachments are made UNDER PENALTY OF PERJURY.

_____ (Ownership Entity)
By: _____
Title: _____
Date: _____