

**OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**

Property Name: \_\_\_\_\_ Project#: \_\_\_\_\_

Property Address: \_\_\_\_\_

GP Name and Email Address: \_\_\_\_\_

Tax ID# of Ownership Entity: \_\_\_\_\_

Certification Dates: \_\_\_\_\_  
(From MM/DD/YYYY) (To MM/DD/YYYY)

No buildings have been placed in service.  
 At least one building has been placed in service, but the owner elects to begin credit period in the following year.  
*If either of the above applies, please check the appropriate box, and proceed to page 3 to sign and date this form.*

Resyndication Properties Only:  
 No buildings have been placed in service under the most recent allocation.  
 At least one building has been placed in service under the most recent allocation, but the owner elects to begin credit period in the following year.  
*If either of the above applies, please check the appropriate box, and complete the certification for the original allocation.*

*The Owner hereby certifies that:*

- 1. The project meets the minimum requirement of (check one)  
 The 20-50 test under Section 42(g)(1)(A)  
 The 40-60 test under Section 42 (g)(1)(B)  
 The Average Income test under Section 42(g)(1)(C)  
 The 15-40 test for "deep rent skewed" projects under 42(g)(4) and 142(d)(4)(B)
- 2. There has been no change in the applicable fraction as defined in Section 42(c)(1)(B) for any building in the project.  
 True  False If "False," attach documentation of the applicable fraction to be reported to the IRS for each building in the project for the certification year.
- 3. At initial occupancy, the owner has received a Tenant Income Certification from each low-income resident and documentation to support that certification, and if applicable, at annual recertification, the owner has received a Tenant Income Certification and documentation to support that certification.  
 True  False If "False," attach an explanation and the supporting documentation.
- 4. The owner has received an annual Student Self Certification for each low-income household.  
 True  False If "False," attach an explanation and the supporting documentation.
- 5. Each qualified low-income unit is rent-restricted under Section 42(g)(2) of the Code.  
 True  False If "False," attach an explanation and the supporting documentation.
- 6. All low-income units in the project are for use by the general public and are used on a non-transient basis, except as otherwise permitted by Section 42 of the Code.  
 True  False If "False," attach an explanation and the supporting documentation.
- 7. The property is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing regulations, including accessibility guidelines, filed against the project within the reporting period.  
 True  False If "False," attach an explanation and the supporting documentation.

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. 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.

8. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, and Uniform Physical Condition Standards (UPCS) as defined by HUD, and the state or local government unit responsible for building code inspections did not issue a report of a violation for any building or low-income unit in the project.  
 True     False    If "False," attach an explanation and the supporting documentation, including a copy of the violation report and any documentation of correction.
9. There have there been no changes in the eligible basis under Section 42(d) for any building in the project.  
 True     False    If "False," attach an explanation and the supporting documentation.
10. All resident facilities included in the eligible basis of any building in the project are provided on a comparable basis without a separate fee to all residents in the building.  
 True     False    If "False," attach an explanation and the supporting documentation.
11. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income.  
 True     False    If "False," attach an explanation and the supporting documentation.
12. If the income of a low-income household increased above the limit allowed in Section 42(g)(2)(D), all next available units of comparable or smaller size in that building were rented to an income qualified household.  
 True     False    If "False," attach an explanation and the supporting documentation.
13. An extended low-income housing commitment as described in section 42(h)(6) is 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 of eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, covenants, and representations contained in the Regulatory Agreement (Extended Use Agreement) and the Reservation Contract remain in force.  
 True     False    If "False," attach an explanation and the supporting documentation.
14. If the owner received a Credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42(h)(5) of the code, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h).  
 True     False     N/A If "False," attach an explanation and the supporting documentation.
15. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance.  
 True     False    If "False," attach an explanation and the supporting documentation.
16. The property is in compliance with the Violence Against Women Act requirements and all related implementing regulations providing protections for residents and applicants who are victims of domestic violence, dating violence, sexual assault, and/or stalking.  
 True     False    If "False," attach an explanation and the supporting documentation.
17. Pursuant to IRS Revenue Ruling 2004-82, the owner has not evicted any resident, or refused to renew any lease, except for good cause.  
 True     False    If "False," attach an explanation and the supporting documentation.
18. The owner continues to comply with all terms it agreed to in its application for Credit authority, including all federal and state-level program requirements and any commitments for which it received points or other preferential treatment in its application.  
 True     False    If "False," attach an explanation and the supporting documentation.

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19. The property has not suffered a casualty loss resulting in the current displacement of residents.  
 True     False    If "False," attach an explanation and the supporting documentation outlining the circumstances and date of the casualty loss and date on which the tenant(s) were able to return to their unit(s).

20. The owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher.  
 True     False    If "False," attach an explanation and the supporting documentation.

I, \_\_\_\_\_  
(Print Name of Owner/Authorized Signer)

the undersigned Owner, being duly sworn, hereby represent and certify under penalty of perjury that the project is otherwise in compliance with the U.S. Tax Code, any Treasury/IRS Regulations, the applicable state Qualified Allocation Plan, and all other applicable laws, rules, and regulations. The information contained in this statement and answers to the above questions, including any attachments hereto, are true, correct and complete to the best of my knowledge. I further certify that I have the requisite authority to execute this *Owner's Annual Certification*.

*(If there has been a change in signing authority, please attach a copy of the corporate resolutions or minutes from the partnership meeting, showing the undersigned has the authority to execute these documents for the ownership entity.)*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Owner Entity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**NA** This form is required only for LIHTC projects that received an allocation of credits in 2016 or later. If the project named above received a credit allocation prior to 2016, check "N/A" and disregard this form.

**ANNUAL CERTIFICATION OF SERVICE COORDINATION**

Property Name: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The number of hours per week that service coordination is provided for this property:

Service coordination is provided:  Onsite  Remotely  Both

During this reporting period did the service coordinator:

- 1. Collect rent, inspect units, make determinations on requests for reasonable accommodation, investigate lease violations, or issue eviction notices?  Yes  No
- 2. Have a private space to meet with residents or meet with residents in their homes?  Yes  No
- 3. Have access to a telephone and internet when meeting with residents?  Yes  No
- 4. Assess resident's service needs within 60 days of move-in?  Yes  No
- 5. Follow up with residents to address needs identified in their service plans?  Yes  No
- 6. Maintain documentation of resident service needs assessments and follow-up in a secure location?  Yes  No

**Coordinated Service #1**

Service provider contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The dates the service was provided during this reporting period: \_\_\_\_\_

The number of residents served:

Provide a brief description of the service:

**Coordinated Service #2**

Service provider contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The dates the service was provided during this reporting period: \_\_\_\_\_

The number of residents served:

Provide a brief description of the service:

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Are agreements for services on file (if any) and evidence that the services are being provided (e.g. sign-in sheets, letters/memos to tenants advertising the event/service, service log book and/or activity reports) maintained at the property?  Yes  No

Was an annual survey conducted of all residents regarding their need for and satisfaction with the service coordination, including coordinated services (not required for first year of occupancy)?  Yes  No

Are any changes to Service Coordination or Coordinated Services being proposed for the next reporting period? (If yes, prior approval is required. Submit change request to the Asset Manager for the property.)  Yes  No

Who conducted the survey? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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.**

**I hereby certify that the above information is complete and true. I further certify that I have the requisite authority to execute this *Annual Certification of Service Coordination*.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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