OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

Certification Dates: From: January 1, 20_____ **To: December 31, 20_____**

Project Name: _____ **Project No.: _____**

Project Address: _____ **City: _____** **Zip: _____**

Tax ID # of Ownership Entity: _____

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

1. The Project meets the minimum requirements of: (check one)
   - ☐ 20 - 50 test under Section 42(g)(1)(A)
   - ☐ 40 - 60 test under Section 42(g)(1)(B)
   - ☐ The Average Income test under Section 42(g)(1)(C)
   - ☐ The 25 - 60 test under Section 42(g)(4) and Section 142(d)(6) [available for Projects in New York City only]

1a. The Project is "deep rent skewed" in accordance with Section 42(g)(2)(D)(iv) and Section 142(d)(4)(B).
   ☐ True ☐ False

2. If the Project is an Average Income Test Project as certified in question 1 above (If not an AIT Project, leave blank):

   The Owner has met the qualified group of units to satisfy the Average Income Test.
   ☐ True ☐ False
   If **"False,"** provide an explanation on page 4 and attach supporting documentation.

   The Owner has met the qualified group of units used to determine the applicable fraction.
   ☐ True ☐ False
   If **"False,"** provide an explanation on page 4 and attach supporting documentation.

   There have been no changes to unit designation in this reporting year.
   ☐ True ☐ False
   If **"False,"** provide an explanation on page 4 and attach supporting documentation.

3. 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,"** list the applicable fraction to be reported to the IRS for <u>each building</u> in the Project for the certification year on page 4.

4. 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,"** provide an explanation on page 4 and attach supporting documentation.

5. The Owner has received an annual Student Self Certification for each low-income household.
☐ True ☐ False
If **"False,"** provide an explanation on page 4 and attach supporting documentation.

6. Each qualified low-income unit is rent restricted under Section 42(g)(2) of the Code.
☐ True ☐ False
If **"False,"** provide an explanation on page 4 and attach supporting documentation.

7. 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,"** provide an explanation on page 4 and attach supporting documentation.

8. The Project 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,"** provide an explanation on page 4 and attach supporting documentation.

9. Each building in the Project is suitable for occupancy, taking into account local health, safety, building codes, and National Standards for the Physical Inspection of Real Estate (NSPIRE) 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,"** state the nature of the violation on page 4 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

10. There have been no changes in the eligible basis under Section 42(d) for any building in the Project.
☐ True ☐ False
If **"False,"** state the nature of the change (e.g., a common area has become commercial space, a fee is now charged for a tenant facility formerly provided without charge, or the Project Owner has received federal subsidies with respect to the Project which had not been disclosed to the allocating authority in writing) on page 4.

11. 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,"** provide an explanation on page 4 and attach supporting documentation.

12. 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,"** provide an explanation on page 4 and attach supporting documentation.

13. 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,"** provide an explanation on page 4 and attach supporting documentation.

14. 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,"** provide an explanation on page 4 and attach supporting documentation.

15. 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,"** provide an explanation on page 4 and attach supporting documentation.

16. If the Owner received a Credit allocation from the portion of the state ceiling set-aside for a Project involving "qualified nonprofit 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,"** provide an explanation on page 4 and attach supporting documentation.

17. 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,"** complete page 4 detailing the changes in Ownership or management of the Project.

18. 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,"** provide an explanation on page 4 and attach supporting documentation.

19. 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,"** provide an explanation on page 4 and attach supporting documentation.

20. The Owner is compliant with all Housing Credit agency-mandated tenant protections and any applicable protections required by state or local landlord-tenant laws or rules.
☐ True ☐ False

21. 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,"** provide an explanation on page 4 and attach supporting documentation.

22. The property has not suffered a casualty loss resulting in the current displacement of residents.
☐ True ☐ False
If **"False"** provide an explanation on page 4 along with 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).

23. The Owner has not initiated foreclosure or instrument in lieu of foreclosure since the completion of the last Owner's Certificate of Continuing Program Compliance.
☐ True ☐ False
If **"False,"** provide an explanation on page 4 and attach supporting documentation.

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

Signature: _____ Print Name: _____

Title: _____

Date: _____

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "FALSE."

Question #	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT
(to be completed **ONLY if** "**FALSE**" marked for Question 17 above)

TRANSFER OF OWNERSHIP

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

CHANGE IN OWNER CONTACT

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

CHANGE IN MANAGEMENT CONTACT

Date of Change:	
Management Co. Name:	
Management Address:	
Management city, state, zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	