

**Tax Credit
Owner's Certificate of Continuing Program Compliance**

Certification

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

Project Name: _____

Lowest BIN
No: _____ **IHFA #HC** _____

Tax ID# of
Ownership Entity: _____

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

ALL Buildings have been Placed in Service and the credit period for each has begun.
If the above does not apply, do not complete any questions. Proceed to page two to sign and date this form.
If the above does apply, complete questions 1-15 and submit the appropriate compliance monitoring fee along with all other required forms.

1. The project meets the minimum requirements of: (check one)
 - 20-50 test under Section 42(g)(1)(A) of the Code
 - 40-60 test under Section 42(g)(1)(B) of the Code
 - 15-40 test for "deep rent-skewed" projects under Section 42(g)(4) and 142(d)(4)(B) of the Code

2. There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B) of the Code) for any building in the project: **NO CHANGE** **CHANGE**
If "**Change**", list the applicable fraction to be reported to the IRS for each building in the project for the certification year. _____

3. The owner has received an annual Tenant Income Certification from each low-income resident and documentation to support that certification, or the owner has a re-certification waiver letter from the IRS in good standing, has received an annual Tenant Income Certification from each low-income resident, and documentation to support the certification at their initial occupancy. **YES** **NO**

4. Each low-income unit in the project has been rent-restricted under Section 42(g)(2) of the Code: **YES** **NO**

5. All low-income units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42 (i)(3)(B)(iii) of the Code): **YES** **NO** **HOMELESS**

6. 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, and 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: **NO FINDING** **FINDING**

7. 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 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction. _____

8. There has been **no change in the eligible basis** (as defined in Section 42(d) of the Code) of any building in the project since last certification submission: NO CHANGE CHANGE

If "Change", state nature of 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):

9. All tenant facilities included in the eligible basis under Section 42(d) of the Code of any building in the project, such as swimming pools, other recreational facilities, parking areas, washer\dryer hookups, and appliances were provided on a comparable basis without charge to all tenants in the buildings:

YES NO

10. 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 qualifying income:

YES NO

11. If the income of tenants of a low-income unit in any building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, the next available unit of comparison or smaller size in that building was or will be rented to residents having a qualifying income: YES NO

12. An extended low-income housing commitment as described in section 42(h)(6) was in effect, and the project otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment (**not applicable to building with tax credits from years 1987-1989**):

YES NO N/A

13. The owner has complied with Section 42(h)(6)(B)(iv) and not refused to lease a unit in the project to an applicant solely 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. 1437s. YES NO

14. The owner received its 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

YES NO **If no, proceed to #15.**

If yes, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code. YES NO

15. If ownership and/or management has changed over the past year, was IHFA alerted prior to the entity change?

NO CHANGE YES NO

If there was a "change", complete change of ownership\management section on the next page.

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.

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: _____
(must be owner or a partner in ownership entity)

Printed Name: _____

Title: _____

Date: _____

To be completed **ONLY** if "**Change**" marked for Question 15 on prior page.

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: _____