## OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

Property	Name:		Project#:
GP Name	e and Email Address:		
Tax ID# c	of Ownership Entity:		
Certificat	ion Dates:		
	(From MM/DD,	<b>/</b> YYYY)	(To MM/DD/YYYY)
☐ ☐ If either	_	peen placed in service, but the owne	r elects to begin credit period in the following year. ceed to page 3 to sign and date this form.
	At least one building has be following year.		nt allocation.  St recent allocation, but the owner elects to begin credit period in the applete the certification for the original allocation.
1. The   The	he 20-50 test under Sec he 40-60 test under Sec he Average Income test he 25-60 test under Sec	etion 42 (g)(1)(B) under Section 42(g)(1)(C) etion 42(g)(4) and Section 142(d	e)  I)(6) [available for projects in New York City only]  on 42(g)(2)(D)(iv) and Section 142(d)(4)(B)
2. If the	e project is an Average I	ncome Test project as certified	in question 1 above (If not an AIT project, leave blank):
	owner has met the qual rue	ified group of units to satisfy th If "False," attach an explanati	e Average Income Test. on and supporting documentation.
	owner has met the qual rue	ified group of units used to det If "False," attach an explanati	ermine the applicable fraction. on and supporting documentation.
	e have been no change rue	s to unit designation in this repo If "False," attach an explanati	orting year. on and supporting documentation.
	e has been no change ir rue		ned in Section 42(c)(1)(B) for any building in the project. ion of the applicable fraction to be reported to the IRS at for the certification year.
docu Incoi	mentation to support t	hat certification, and if applicat cumentation to support that ce	ne Certification from each low-income resident and ole, at annual recertification, the owner has received a Tenant rtification.  on and the supporting documentation.

5. The owner has received an annual Student Self Certification for each low-income household.

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.

	True	False	If "False," attach an explanation and the supporting documentation.			
6.	Each qualifi	ed low-income ui	nit is rent-restricted under Section 42(g)(2) of the Code.  If "False," attach an explanation and the supporting documentation.			
7.	otherwise p	ermitted by Sect	roject are for use by the general public and are used on a non-transient basis, except as ion 42 of the Code.			
	True	False	If "False," attach an explanation and the supporting documentation.			
8.			e with all Fair Housing Act regulations and there have been no violations of the Fair Housing ibility guidelines, filed against the project within the reporting period.  If "False," attach an explanation and the 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," attach an explanation and the supporting documentation, including a copy of the violation report and any documentation of correction.			
10.	There have True	there been no ch	anges in the eligible basis under Section 42(d) for any building in the project. If "False," attach an explanation and the supporting documentation.			
11.			I in the eligible basis of any building in the project are provided on a comparable basis residents in the building.  If "False," attach an explanation and the supporting documentation.			
12.	If a low-inco	ome unit in the protection the protection the the the the the next available the the the the the the the the the th	roject has been vacant during the year, reasonable attempts were or are being made to rent e unit of comparable or smaller size to tenants having a qualifying income before any units ants not having a qualifying income.  If "False," attach an explanation and the supporting documentation.			
13.		ble or smaller size	e household increased above the limit allowed in Section 42(g)(2)(D), all next available units in that building were rented to an income qualified household.  If "False," attach an explanation and the supporting documentation.			
14.	under Section applicant hocovenants,	on 42(h)(6)(B)(iv) olds a voucher of	using commitment as described in section 42(h)(6) is in effect, including the requirement that an owner cannot refuse to lease a unit in the project to an applicant because the eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, ons contained in the Regulatory Agreement (Extended Use Agreement) and the Reservation If "False," attach an explanation and the supporting documentation.			
15.	The owner	has not refused to	b lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher. If "False," attach an explanation and the supporting documentation.			
16.	non-profit o	organizations" un	it allocation from the portion of the state ceiling set-aside for a project involving "qualified der Section 42(h)(5) of the code, the non-profit entity materially participated in the operation me meaning of Section 469(h).  N/A If "False," attach an explanation and the supporting documentation.			

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Signature		Date	Date				
Prir	nted Name		Title		Owner E	Entity	
					of the corporate resolut ecute these documents		
in c oth que	ompliance ver applicables included	with the U.S. Tax le laws, rules, ar uding any attach	c Code, any Treasury/ nd regulations. The ir	'IRS Regulations, the formation contain If or correct and correct	fy under penalty of perne applicable state Quaned in this statement amplete to the best of materials.	alified Allocation Pland answers to the	lan, and all above
I, <u> </u>	Print Name	of Owner/Autho	orized Signer)				
23.		has not initiate Program Comp	liance.		reclosure since the cor		t Certificate of
22.	The proper True	rty has not suffe	If "False," attach a	n explanation and date of the casua	ent displacement of res I the supporting docum Ilty loss and date on wh	nentation outlining	
	True	False	If "False," attach a	n explanation and	the supporting docum	ientation.	
21.		program requir			oplication for Credit au h it received points or o		
	True	False			the supporting docum	entation.	
20.			th all Housing Credit a andlord-tenant laws o		tenant protections and	d any applicable pr	otections
	for good ca	ause False	If "False," attach a	n explanation and	the supporting docum	nentation.	
19.	<u>—</u>			•	ed any resident, or refu		lease, except
18.	regulations		ections for residents a king.	and applicants who	Act requirements and a o are victims of domest I the supporting docum	tic violence, dating	
	True	False	-	n explanation and	the supporting docum	ientation.	
17.		been no cnange ing Program Cor	•	nanagement of th	e property since the co	impletion of the la	ist Certification

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