Owner/Developer/Applicant
Good Standing & Capacity Certification

Date: _________________

To: Idaho Housing and Finance Association

Project(s): ____________________________________________________________________________

Check each answer 'yes' or 'no' below. If any answer is 'no', than use space provided below to explain

______ The owner/developer/applicant is in Good Standing with Idaho Housing and Finance Association with no repetitive or unresolved issues or material findings.

______ The owner/developer/applicant does not have outstanding unresolved issues with any organization or public jurisdiction whose compliance monitoring includes the oversight of any Federal/state affordable housing program.

______ The owner/developer/applicant has prior affordable housing experience.

______ The owner/developer/applicant has proven ability to complete similar projects within proposed timeline and within budget.

______ The owner/developer/applicant has demonstrated ability to meet regulatory requirements, as specified during the development.

______ The owner/developer/applicant has experience with the affordable housing programs:

___ HUD-202
___ HUD-811
___ USDA-Section 514
___ USDA Section 515
___ USDA Section 516
___ HOME
___ LIHTC
___ Housing Trust Fund
___ Other (Explain)

_______________________________________________________________________________
_______________________________________________________________________________

Signed:
_______________________________________________________

For: ________________________

By: ________________________

Its: ________________________
Property Management Company
Good Standing/Capacity Certification

Date: ________________________________
To: Idaho Housing and Finance Association
RE: ________________________________

Check each answer 'yes' or 'no' below. If any answer is 'no', then use space provided below to explain

_______ Proposed management company is in Good Standing with Idaho Housing and Finance Association with no unresolved issues or significant material findings.

_______ Proposed management company does not have outstanding unresolved issues with any organization or public jurisdiction whose compliance monitoring oversight includes any Federal affordable housing program.

_______ Proposed management company has prior affordable housing management experience in Idaho.

_______ Proposed management company has demonstrated ability to meet all regulatory criteria during the Period of Affordability.

_______ Proposed management company has experience in management of affordable housing, including the programs below:

_______ Section 202
_______ Section 811
_______ Section 514
_______ Section 515
_______ Section 516
_______ HOME
_______ LIHTC
_______ Other (Explain): ________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signed:

___________________________
For: ________________________
By: _______________________
Its: _______________________