



OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE
TAX CREDIT, TCAP, OR 1602 EXCHANGE

Property Name: _____ IHFA HC#: _____
Property Address: _____ City, Zip Code: _____
GP Name: _____ GP Email: _____
Certification From: _____ To: _____

IF EITHER OF THE FOLLOWING CONDITIONS APPLY, MAKE THE APPROPRIATE SELECTION AND PROCEED TO SIGN AND DATE THE FORM
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 PROJECT IS A RESYNDICATION AND EITHER OF THE FOLLOWING CONDITIONS APPLY, MAKE THE APPROPRIATE SELECTION AND COMPLETE THE CERTIFICATION FOR THE ORIGINAL ALLOCATION
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.

THE OWNER HEREBY CERTIFIES THAT

1. The project meets the minimum requirement of (select 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 (AIT) under Section 42(g)(1)(C).
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 AIT project as certified in question 1 above (if not an AIT project, skip to 3):
The owner has met the qualified group of units to satisfy the Average Income Test.
True False If false, attach an explanation and supporting documentation.
The owner has met the qualified group of units used to determine the applicable fraction.
True False If false, attach an explanation and supporting documentation.
There have been no changes to unit designation in this reporting year.
True False If false, attach an explanation and 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, attach documentation supporting the applicable fraction to be reported to the IRS for each building in the project for the certification year.

At initial occupancy, the owner received a Tenant Income Certification from each low-income resident and documentation to support that
4. 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 supporting documentation.

5. The owner has received an annual Student Self-Certification for each low-income household.
True False If false, attach an explanation and supporting documentation.

6. Each qualified low-income unit is rent restricted under Section 42(g)(2).
True False If false, attach an explanation and 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.

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.	True	False	<i>If false, attach an explanation and supporting documentation.</i>
8.	The property is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing regulations, including accessibility, filed against the project within the reporting period.	True	False	<i>If false, attach an explanation and supporting documentation.</i>
9.	Each building in the project is suitable for occupancy taking into account local health, safety, building codes, and Uniform Physical Condition Standards (UPCS) as formerly defined by HUD, and the state or local government unit responsible for building code inspections did not issue a report of violation for any building or low-income unit in the project.	True	False	<i>If false, attach an explanation and supporting documentation. Include a copy of violation report and any documentation of correction.</i>
10.	There have been no changes in the eligible basis under Section 42(d) for any building in the project.	True	False	<i>If false, attach an explanation and supporting documentation.</i>
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	<i>If false, attach an explanation and supporting documentation.</i>
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	<i>If false, attach an explanation and supporting documentation.</i>
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	<i>If false, attach an explanation and supporting documentation.</i>
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	<i>If false, attach an explanation and supporting documentation.</i>
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	<i>If false, attach an explanation and supporting documentation.</i>
16.	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), the non-profit entity materially participated in the operation of the development within the meaning	True	False	N/A <i>If false, attach an explanation and supporting documentation.</i>
17.	There has been no change in ownership or management of the property since the completion of the last Owner's Certificate of Continuing Program Compliance.	True	False	<i>If false, complete the attached ownership and management contact update form.</i>
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	<i>If false, attach an explanation and supporting documentation.</i>
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	<i>If false, attach an explanation and supporting documentation.</i>
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	<i>If false, attach an explanation and supporting documentation.</i>

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Property Name: _____

Complete any information below that has changed in the most recent reporting period.

TRANSFER OF OWNERSHIP	
Date of Change:	_____
Taxpayer ID Number:	_____
Ownership Entity:	_____
General Partner:	_____

CHANGE IN OWNER CONTACT	
Date of Change:	_____
Owner Contact:	_____
Owner Contact Phone:	_____
Owner Contact Email:	_____

CHANGE IN MANAGEMENT CONTACT	
Date of Change:	_____
Management Company:	_____
Address:	_____
City:	_____ State: _____ Zip Code: _____
Management Contact Person:	_____
Management Contact Phone:	_____
Management Contact Email:	_____