

Property Name: _____ Project #: _____
 Property Address: _____ City, Zip: Code: _____
 Owner: _____ Owner Email: _____
 Certification From: _____ To: _____ **HOME HTF NSP**

THE OWNER HEREBY CERTIFIES THAT	
<p>For each household occupying a unit designated as HOME/HTF/NSP-assisted, the owner/agent has conducted an initial income certification to</p> <p>1. establish tenant eligibility in accordance with all applicable rules governing the program as well as the executed regulatory agreement and/or restrictive covenants.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>1A. For each household occupying a unit designated as HOME/HTF-assisted, the owner/agent has conducted an annual recertification in accordance with all applicable rules governing the program as well as the executed regulatory agreement and/or restrictive covenants.</p> <p>True False N/A <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>2. Each HOME/HTF/NSP-assisted unit was rent restricted as prescribed in the executed regulatory agreement and/or restrictive covenants.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>2A. Any rent increase, except those due to a change in the utility allowance, was submitted to the association for approval before implementation.</p> <p>True False N/A <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>3. The utility allowance is reviewed at least annually, calculated in accordance with association rules, and submitted to the association, if required, for approval before implementation.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>4. If income of a household in a HOME/HTF/NSP-assisted unit increased to exceed the limit allowed under the regulatory agreement and/or restrictive covenants, the next available unit was rented to an income qualified household.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>4A. If the annual income of a household in a HOME-assisted unit increased to exceed 80% AMI at recertification, the rent was increased to 30% of the household's adjusted income (unless LIHTC rules applied to the unit.)</p> <p>True False N/A <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>5. If a HOME/HTF/NSP-assisted unit became vacant during the reporting period, reasonable attempts were made to rent that or a comparable unit (in terms of unit size, features, and number of bedrooms) to a qualified household and while the unit was vacant, no comparable unit was rented to an unqualified household.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>6. The initial lease term for all HOME/HTF/NSP-assisted units is at least one year and each lease contains all of the provisions required by the applicable program and does not include any prohibited provisions.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>7. All HOME/HTF/NSP-assisted units were available for use by the general public and used on a non-transient basis.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>8. Each building and assisted unit in the project is, and for the entire reporting period was, suitable for occupancy taking into account local health, safety, building codes, and Uniform Physical Condition Standards (UPCS) as formerly defined by HUD or National Standards for the Physical Inspection of Real Estate (NSPIRE), as currently listed at 24 CFR 5.703.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>9. Pursuant to regulations regarding tenant protections, the owner has not evicted any resident or refused to renew any lease, except for good cause.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	
<p>10. All HOME/HTF/NSP-assisted units were leased to residents without regard to their status as holders of a Section 8 voucher.</p> <p>True False <i>If false, attach an explanation and supporting documentation.</i></p>	

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.

11.	<p>The project has complied with the Violence Against Women Act (VAWA), which provides protections for residents and applicants who are victims of domestic violence, dating violence, sexual assault, or stalking, and any other situation or incident mandated by VAWA. Compliance requirements mandated by VAWA include, but are not limited to, honoring civil protection orders, eviction protection, and bifurcation of lease when necessary.</p> <p style="text-align: center;">True False</p> <p style="text-align: right;"><i>If false, attach an explanation and supporting documentation.</i></p>
12.	<p>If the project has 5 or more HOME/HTF-assisted units, there is an association-approved and current affirmative marketing plan on file and available for viewing at the property by interested parties.</p> <p style="text-align: center;">True False N/A</p> <p style="text-align: right;"><i>If false, attach an explanation and supporting documentation.</i></p>
13.	<p>There has been no change in ownership or management of the property since the completion of the last Owner's Certificate of Continuing Compliance.</p> <p style="text-align: center;">True False</p> <p style="text-align: right;"><i>If false, complete the attached ownership and management contact update form.</i></p>

I, _____
Print name of owner/authorized signer

the undersigned owner, having entered into a loan or grant agreement pursuant to the applicable provisions of the HOME Investment Partnerships Program (HOME), Housing Trust Fund (HTF), and/or Neighborhood Stabilization Program (NSP), hereby represent and certify under penalty of perjury that the project is in continuing compliance with the executed regulatory agreement/restrictive covenant requirements and all other applicable laws, rules, and regulations. The information contained in this statement and answers to the above questions, including any attachments hereto, are true, correct, and complete to the best of my knowledge. I further certify that I have the requisite authority to execute this Owner's Certificate of Continuing Compliance.

(If there has been a change in signing authority, please attach a copy of the corporate resolutions or minutes from the partnership meeting, showing the undersigned has the authority to execute these documents for the ownership entity.)

Printed Name	Title	Ownership Entity
Signature	Date	

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.

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:	_____