

Act 15/18 Form 100
OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE



Certification Dates From: _____ To: _____
Project Name: _____ **Project No.:** _____
Project Address: _____ **City:** _____ **Zip:** _____
Tax ID # of Ownership Entity: _____

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

1. The owner has received an initial Resident Income Self-Certification prior to lease execution from each qualifying resident:
YES **NO**
2. Each qualifying unit in the Completed Project is rent restricted to not exceed 30 percent of 100 percent of AMI, as published by WHEDA annually:
YES **NO**
3. All units in the Completed Project are for use by the general public (as defined in §1.42-9), including the requirement that no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, occurred for the Completed Project.:
YES **NO** **HOMELESS**
4. The owner has not refused to lease a unit to an applicant based solely on their status as holder of a Section 8 voucher:
YES **NO**
5. The buildings and each residential unit in the Completed Project are suitable for occupancy (considering applicable health, safety, accessibility, building codes and regulations or other habitability standards), and the government unit responsible for making health, safety, or building code inspections did not issue a violation report for any building or residential unit in the Completed Project:
YES **NO**
If "**No**", state nature of violation on page 3 and attach a copy of the violation report.



6. All qualifying units in the Completed Project are used on a non-transient basis, requiring an initial lease term of at least six months:

YES NO

7. Rent charged to existing tenants (excluding households receiving rental assistance) has not increased by more than 5% annually, including due to changes in utility allowance calculations:

RENT INCREASE 5% OR LESS RENT INCREASE MORE THAN 5%

8. Rent increases have not occurred mid-lease:

NO MID-LEASE RENT INCREASES RENT INCREASES OCCURRED MID-LEASE

9. There has been no change in the ownership or management of the Completed Project, or any such changes have been reported to WHEDA:

NO CHANGE CHANGE

If "Change", complete page 3 detailing the changes in ownership or management of the project.

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, unless permitted by the state agency.

The project is otherwise in compliance with the Legislation, 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.

Name of Ownership Entity

Date

Print Owner's Name

Owner Signature

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" OR "CHANGE" ON QUESTIONS 1-15

Question #	Date	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT

(to be completed ONLY if "CHANGE" marked for questions 14 & 15 above)

Transfer of Ownership

Date of Change:	
Taxpayer ID #:	
Legal Ownership Name:	
General Partnership:	
Status of Partnership (LLC, etc.):	

Changes in Owner Contact

Date of Change:	
Owner Contact:	
Owner Contact Address:	
Owner Contact (city, state, zip):	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

Changes 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:	