

HTF Form 100 - OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

Property Name: _____ Project#: _____

Property Address: _____

GP Name and Email Address: _____

Tax ID# of Ownership Entity: _____

Certification Dates: _____

(From MM/DD/YYYY)

(To MM/DD/YYYY)

No buildings have been placed in service.
If the above applies, please check the box, and proceed to page 3 to sign and date this form.

The Owner hereby certifies that:

1. The project meets the eligibility requirements for initial occupancy in HTF units as set forth in the Land Use Restriction Agreement for Housing Trust Funds and defined in 24 C.F.R. §93.2.
 True False If "False," attach an explanation and the supporting documentation.
2. At initial occupancy, the owner has received a Tenant Income Certification from each low-income resident and documentation to support that 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 the supporting documentation.
3. Each qualified low-income unit is rent-restricted under-Section 93.302. The owner submitted a written request for rent increases to WHEDA, including an updated utility cost analysis of tenant paid utilities, for any rent increases under Section 93.302 (c)(2)
 True False If "False," attach an explanation and the supporting documentation.
4. All low-income units in the project are for use by the general public and are used on a non-transient basis, and as required by Section 93.303(a), with lease terms of not less than 1 year, unless by mutual consent the owner and the tenant agree to a lesser term, (except for transitional housing units allowed under the award agreement).
 True False If "False," attach an explanation and the supporting documentation.
5. The property is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing regulations, including accessibility guidelines, filed against the project within the reporting period.
 True False If "False," attach an explanation and the supporting documentation.
6. The property is in compliance with the accessibility requirements at 24 CFR part 8, which implements section 504 of the Rehabilitation Act of 1973. If the rehabilitation includes an addition, covered multifamily dwellings, as defined at 24 CFR 100.201, it also meets the design and construction requirements at 24 CFR 100.205, which implements the Fair Housing Act.
 True False If "False," attach an explanation and the supporting documentation.
7. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, Section 93.301, 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. (Section 93.404 (d) (2) (iv))
 True False If "False," attach an explanation and the supporting documentation, including a copy of the violation report and any documentation of correction.

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.

8. Each building in the project meets the lead-based paint requirements at 24 CFR part 35.
 True False If "False," attach an explanation and the supporting documentation.

9. The project has a tenant selection plan (TSP) and complied with the affirmative marketing (AFHMP) requirements established by the grantee pursuant to Section 93.303(d) and Section 93.350.
 True False If "False," attach an explanation and the supporting documentation.

10. An extended low-income housing commitment as described in is in effect, including the requirement 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) remain in force.
 True False If "False," attach an explanation and the supporting documentation.

11. 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 If "False," attach an explanation and the supporting documentation.

12. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance.
 True False If "False," attach an explanation and the supporting documentation.

13. 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 as required under Section 93.356(d).
 True False If "False," attach an explanation and the supporting documentation.

14. Pursuant to NHTF rules, the owner has not evicted any resident, or refused to renew any lease, except for serious or repeated violation of the terms and conditions of the lease, violation of applicable federal, state, or local law, or other good cause (good cause does not include an increase in the tenant's income).
 True False If "False," attach an explanation and the supporting documentation.

15. The owner is compliant with all Housing Agency-mandated tenant protections and any applicable protections required by state or local landlord-tenant laws or rules
 True False If "False," attach an explanation and the supporting documentation.

16. The owner continues to comply with all terms it agreed to in its application for National Housing Trust Funds, including all federal and state-level program requirements and any commitments for which it received points or other preferential treatment in its application.
 True False If "False," attach an explanation and the supporting documentation.

17. The property has not suffered a casualty loss resulting in the current displacement of residents.
 True False If "False," attach an explanation and the supporting documentation outlining the circumstances and date of the casualty loss and date on which the tenant(s) were able to return to their unit(s).

18. The owner has not initiated or received a notice of foreclosure, or executed an instrument in lieu of foreclosure since the completion of the last Certificate of Continuing Program Compliance.
 True False If "False," attach an explanation and the supporting documentation.

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I, _____
(Print Name of Owner/Authorized Signer)

the undersigned Owner, being duly sworn, hereby represent and certify under penalty of perjury that the project is otherwise in compliance with NHTF rules, Section 91 and 93 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 Annual Certification*.

(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

Owner Entity

Signature

Date

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