

Certification Dates From _____ To _____			
Project Name		Project Number	
Project Street Address	City	State	ZIP Code
Tax ID Number of Ownership Entity			
<input type="checkbox"/> No buildings have been Placed in Service. If this applies, please check the box and proceed to page 2 to sign and date this form.			

The undersigned, an authorized agent on behalf of the Owner and Project listed above hereby certifies that:

- The Project continues to comply with all Housing Trust Fund (HTF) regulatory requirements contained in 24 CFR Part 93.  
 YES                       NO
- The Owner has (1) received, upon initial occupancy, an annual Tenant Income Certification (TIC) from each resident of an HTF-assisted unit and documentation to support that certification; (2) annually re-certified tenant eligibility for an HTF-assisted unit by receipt of a new TIC and supporting documentation or by receipt of a tenant self-certification, and; (3) verified each tenant's income source documents at least once every 6 years.  
 YES                       NO
- Each HTF-assisted unit in the Project has been rent-restricted under the Declaration of Land Use Restrictive Covenants and under 24 CFR Part 93.  
 YES                       NO
- No tenants in HTF-assisted units were evicted or had their tenancies terminated other than for good cause and no tenants had an increase in the gross rent with respect to an HTF-assisted unit not otherwise permitted under 24 CFR Part 93.  
 YES                       NO
- All HTF-assisted units in the Project are and have been for use by the general public and used on a non-transient basis.  
 YES                       NO
- No claim of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this Project. A claim of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an adverse judgment from a federal court.  
 NO FINDING                       FINDING
- Each building in the Project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or HTF-assisted unit in the Project.  
 YES                       NO  
 If "No", state nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.
- No request for protection under the Violence Against Women Act of 2013 has been made by any tenant of this Project.  
 YES                       NO
- All common areas and facilities, such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided on a comparable basis without charge to all tenants in the buildings.  
 YES                       NO
- If an HTF-assisted 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 to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income.  
 YES                       NO



**CHANGES IN OWNERSHIP OR MANAGEMENT** (Complete **ONLY IF** "CHANGE" is marked in question 13 above)

**TRANSFER OF OWNERSHIP**

Date of Change		Taxpayer ID Number	
Legal Owner Number	General Partnership		Status of Partnership (LLC, etc.)

**CHANGE IN OWNER CONTACT**

Date of Change		Owner Contact	
Owner Contact Phone Number	Owner Contact Fax Number	Owner Contact Email Address	

**CHANGE IN MANAGEMENT CONTACT**

Date of Change		Management Company Name	
Management Company Address			
City		State	ZIP Code
Management Contact		Management Contact Phone Number	
Management Contact Fax Number		Management Contact Email Address	