



LIHTC ANNUAL OWNER CERTIFICATION
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
 SFN 52744 (03/25)

Certification Dates				
From		To		
Project Name		Project Number		Tax ID Number of Ownership Entity
Project Street Address		City	State	ZIP Code
<input type="checkbox"/> No buildings have been Placed-in-Service. <input type="checkbox"/> At least one building has been Placed-in-Service but owner elects to begin credit period in the following year. If either of the above applies, please check the appropriate box, and proceed to page 2 to sign and date this form				

The Owner hereby certifies that:

1. The project meets the minimum requirement of (check one) <input type="checkbox"/> The 20-50 test under Section 42(g)(1)(A) <input type="checkbox"/> The 40-60 test under Section 42 (g)(1)(B) <input type="checkbox"/> The Average Income test under Section 42(g)(1)(C)		
For any response of "False," attach an explanation and supporting documentation.	True	False
1a. The project is "deep rent skewed" in accordance with Section 42(g)(2)(D)(iv) and Section 142(d)(4)(B)	<input type="checkbox"/>	<input type="checkbox"/>
2. If the project is an Average Income Test project as certified in question 1 above (If not an AIT project, leave blank):		
The owner has met the qualified group of units to satisfy the Average Income Test.	<input type="checkbox"/>	<input type="checkbox"/>
The owner has met the qualified group of units used to determine the applicable fraction.	<input type="checkbox"/>	<input type="checkbox"/>
There have been no changes to unit designation in this reporting year.	<input type="checkbox"/>	<input type="checkbox"/>
3. There has been no change in the applicable fraction as defined in Section 42(c)(1)(B) for any building in the project. If "False," attach documentation of the applicable fraction to be reported to the IRS for each building in the project for the certification year.	<input type="checkbox"/>	<input type="checkbox"/>
4. 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.	<input type="checkbox"/>	<input type="checkbox"/>
5. The owner has received an annual Student Self Certification for each low-income household.	<input type="checkbox"/>	<input type="checkbox"/>
6. Each qualified low-income unit is rent-restricted under Section 42(g)(2) of the Code.	<input type="checkbox"/>	<input type="checkbox"/>
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 of the Code.	<input type="checkbox"/>	<input type="checkbox"/>
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 guidelines, filed against the project within the reporting period. If "False," attach an explanation and supporting documentation including copy of the complaint, outcome, and all other related documents.	<input type="checkbox"/>	<input type="checkbox"/>
9. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, physical standards 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. If "False," attach an explanation and the supporting documentation, including a copy of the violation report and any documentation of correction.	<input type="checkbox"/>	<input type="checkbox"/>
10. There have there been no changes in the eligible basis under Section 42(d) for any building in the project.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

For any response of "False," attach an explanation and supporting documentation.	True	False
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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) of the code, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h).	<input type="checkbox"/>	<input type="checkbox"/>
17. 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.	<input type="checkbox"/>	<input type="checkbox"/>
18. No request for protection under the Violence Against Women Act (VAWA) has been made by any tenant of this project.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
21. The owner continues to comply with all terms it agreed to in its application for Credit authority, including all federal and state-level program requirements and any commitments for which it received points or other preferential treatment in its application.	<input type="checkbox"/>	<input type="checkbox"/>
22. The property has not suffered a casualty loss resulting in the current displacement of residents. 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).	<input type="checkbox"/>	<input type="checkbox"/>
23. The owner has not initiated foreclosure or instrument in lieu of foreclosure since the completion of the last Certificate of Continuing Program Compliance.	<input type="checkbox"/>	<input type="checkbox"/>
24. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance.	<input type="checkbox"/>	<input type="checkbox"/>

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 and a signed and notarized authorized form must be on file. See Designation of Authorized Representative.

The project is otherwise in compliance with the Code, 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.

Ownership Entity		Date
By	Title	

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED “FALSE” ON QUESTIONS 1-23.

Question Number	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT (Complete ONLY IF “FALSE” is marked in question 24 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 Telephone 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 Telephone Number		
Management Contact Fax Number		Management Contact Email Address		