



**LIHTC ANNUAL OWNER CERTIFICATION
OF COMPLIANCE TO BE USED AFTER YEAR 15**
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 59470 (03/25)

Certification Dates			
From		To	
Project Name		Project Number	
Project Street Address	City	State	ZIP Code
Tax ID Number of Ownership Entity			

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

<i>For any response of "False," attach an explanation and supporting documentation.</i>	True	False
1. There has been no change in the applicable fraction as defined in Section 42(c)(1)(B) for any building in the project.	<input type="checkbox"/>	<input type="checkbox"/>
2. The owner has received an Initial Tenant Income Certification from each low-income resident and documentation to support that certification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Each low-income unit in the project has met the required rent restriction(s).	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. 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"/>
6. 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.	<input type="checkbox"/>	<input type="checkbox"/>
7. 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.	<input type="checkbox"/>	<input type="checkbox"/>
8. 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"/>
9. 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"/>
10. An extended low-income housing commitment as described in section 42(h)(6) was 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 or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s.	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>
12. 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"/>
13. 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"/>
14. 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"/>
15. 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"/>
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. There has been no change in the ownership or management of the project. If "False", complete page 3 detailing the changes in ownership or management of the project.	<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 authorization form must be on file. See SFN 52845 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 1-17.

Question Number	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT (Complete ONLY IF “FALSE” is marked in question 17 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		