

Certification Dates From				To			
Project Name				Project Number			
Project Street Address				City		State	ZIP Code
Tax ID Number of Ownership Entity				Program <input type="checkbox"/> HOME <input type="checkbox"/> Housing Trust Fund <input type="checkbox"/> NSP			
<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:

	True	False
1. The Project continues to comply with all regulatory requirements for the HUD program(s) selected above.	<input type="checkbox"/>	<input type="checkbox"/>
2. The Owner has received, upon initial occupancy, a Tenant Income Certification (TIC) from each resident of a HUD-assisted unit and documentation to support that certification.	<input type="checkbox"/>	<input type="checkbox"/>
3. HOME and HTF only: The owner has annually re-certified tenant eligibility for a HUD-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.	<input type="checkbox"/>	<input type="checkbox"/>
4. Each HUD-assisted unit has been rent-restricted as prescribed in the Declaration of Land Use Restrictive Covenants or other regulatory agreement(s).	<input type="checkbox"/>	<input type="checkbox"/>
5. HOME and HTF only: Any rent increase, except those due to a utility allowance change, was submitted to NDHFA for approval as required by HUD regulations.	<input type="checkbox"/>	<input type="checkbox"/>
6. The Utility Allowance is reviewed at least annually using HUD-approved methods applicable to this project.	<input type="checkbox"/>	<input type="checkbox"/>
7. HOME only: The owner has received an annual Student Self Certification for each low-income household.	<input type="checkbox"/>	<input type="checkbox"/>
8. The owner has adopted and utilizes a written Tenant Selection Plan which follows the criteria found in NDHFA's HUD Programs Compliance Manual, including wait list requirements.	<input type="checkbox"/>	<input type="checkbox"/>
9. No tenants in HUD-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 a HUD-assisted unit not otherwise permitted.	<input type="checkbox"/>	<input type="checkbox"/>
10. All HUD-assisted units in the Project are and have been for use by the general public and used on a non-transient basis.	<input type="checkbox"/>	<input type="checkbox"/>
11. The property is in compliance with the Violence Against Women Act (VAWA) 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"/>
12. 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"/>
13. The initial lease term for all tenants in HUD-assisted units is not less than 6 months and each lease contains all of the provisions required by the applicable program and does not include any prohibited provisions.	<input type="checkbox"/>	<input type="checkbox"/>
14. 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"/>
15. 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"/>
16. 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.	<input type="checkbox"/>	<input type="checkbox"/>

17. If a HUD-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.	<input type="checkbox"/>	<input type="checkbox"/>
18. If the income of tenants of a HUD-assisted unit in any building increased above the limit allowed under the program, the next available unit was or will be rented to residents having a qualifying income.	<input type="checkbox"/>	<input type="checkbox"/>
19. HOME only: If the income of a household in a HOME-assisted unit increased to exceed 80% AMI at recertification, the rent was increased to 30% of the household's adjusted income (unless LIHTC rules applied to the unit).	<input type="checkbox"/>	<input type="checkbox"/>
20. If the project has 5 or more HUD-assisted units, there is an NDHFA-approved and current Affirmative Fair Housing Marketing Plan on file and available for viewing at the property by interested parties.	<input type="checkbox"/>	<input type="checkbox"/>
21. Required records (including documentation related to tenant income verifications, unit rents, affirmative marketing, and property standards) are maintained for the most recent five-year period during the affordability period, and policies are in place to keep these records until five years after the end of the affordability period. Initial tenant certifications are retained until the household vacates the project.	<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. There has been no change in the ownership or management of the property since the completion of the last Annual Owner Certification.	<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.

The Project is otherwise in compliance with HUD Regulations 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”.**

Question Number	Explanation

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

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		