

**OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE  
POST Year 15**

To: *MaineHousing*  
26 Edison Drive  
Augusta, ME 04330

<b>Certification Dates:</b>	<b>From:</b> January 1, 20 _____	<b>To:</b> December 31, 20 _____		
<b>Project Name:</b>			<b>Project No:</b>	
<b>Project Address:</b>		<b>City:</b>	<b>County:</b>	<b>Zip:</b>
<b>Tax ID # of Ownership Entity:</b>				
<b>Building Identification Number(s):</b>	(1)	(2)	(3)	
	(4)	(5)	(6)	
	(7)	(8)	(9)	
	(10)	(11)	(12)	

No buildings have been Placed in Service  
 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 undersigned \_\_\_\_\_ on behalf of \_\_\_\_\_  
 \_\_\_\_\_ (the "Owner"), hereby certifies that:

- There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B) of the Code) for any building in the project:  
 **NO CHANGE**       **CHANGE**  
 If "**Change**", list the applicable fraction to be reported to the IRS for each building in the project for the certification year on page 3.
- Each low-income unit in the project has been income-qualified and rent-restricted under Section 42(g) of the Code:  
 **YES**       **NO**
- The owner received a Tenant Income Certification and third-party verification documentation for each low income unit at initial occupancy and when any new household member was added:  
 **YES**       **NO**
- For projects with market units or multiple income limits**, the owner received (a) an annual Tenant Income Certification with third party verification documentation for all of the low-income units in the project **if the project has market (unrestricted) units**, or (b) an annual Tenant Income Self Certification for each low income unit that is not limited to 60% AMI (or the highest income limit if lower than 60% AMI) and third party verification documentation if required under the program (every 6 years from the building's placed in service date) **if the project is 100% affordable but has multiple income limits**:  
 **YES**       **NO**       **N/A**
- All low-income units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42 (i)(3)(B)(iii) of the Code):  
 **YES**       **NO**       **HOMELESS**

6. There has been no finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619 with respect to this project. A finding 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:

**FINDING**                       **NO FINDING**

If **"Finding"**, please explain the nature of the violation and attach a copy of the decision or judgment.

7. There has been no finding of discrimination under any other applicable local, State or federal equal access or nondiscrimination law with respect to this project. A finding of discrimination includes an adverse final decision by the governmental agency responsible for administering such law, or an adverse judgment from a court with jurisdiction over such law:

**FINDING**                       **NO FINDING**

If **"Finding"**, please explain the nature of the violation and attach a copy of the decision or judgment.

8. 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 low income unit in the project:

**YES**                                       **NO**

If **"No"**, explain the 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.

9. Each building and all FedHome (HOME) assisted units are suitable for occupancy, taking into account State and local health, safety, and other applicable codes, ordinances, and requirements, and the ongoing property standards established by the participating jurisdiction (MaineHousing) to meet the requirements of 24 CFR, Part 92, HOME Investment Partnership Program, Section 92.251.

**YES**                                       **NO**                                       **N/A**

10. Each building and all Housing Trust Fund (HTF) assisted units are suitable for occupancy, taking into account State and local health, safety, and other applicable codes, ordinances, and requirements, and the ongoing property standards established by MaineHousing to meet the requirements of 24 CFR, Part 93, Housing Trust Fund, Interim Rule, Section 93.301.

**YES**                                       **NO**                                       **N/A**

11. If the income of tenants of a low-income unit in any building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, the next available unit of comparable or smaller size in that building was or will be rented to residents having a qualifying income:

**YES**                                       **NO**

12. Project complies with an extended low-income housing commitment as described in section 42(h)(6) (not applicable to buildings with tax credits from years 1987-1989):

**YES**                                       **NO**                                       **N/A**

13. In the prior 12 month period, the owner has:

- a) terminated the tenancy of a tenant in a low income unit, including without limitation, non-renewal of the lease of an existing tenant in a low income unit, for other than good cause;
- b) increased the gross rent of a tenant with respect to a low income unit not otherwise permitted under Section 42 of the Code and any other applicable program (e.g. HOME, HUD Section 8);
- c) denied tenancy to any applicant or terminated the tenancy of any tenant solely because the applicant or tenant had a Section 8 voucher or certificate; or
- d) denied tenancy to any applicant, terminated the tenancy of any tenant or failed to assist a tenant in finding alternative appropriate housing in violation of Title VI of the Violence Against Women Reauthorization Act of 2013, 42 USC Chapter 136, Subchapter III, Part M and associated regulations (VAWA).

**YES**                                       **NO**

If **"Yes"**, please explain the nature of the violation on page 3.

14. The project complies with the requirements of all applicable Federal and State Housing Programs included in the development (e.g., Rural Housing Services, HOME, Housing Trust Fund (HTF), HUD Section 8, or Tax-Exempt Bonds).

**YES**                                       **NO**

If **"No"**, please explain the nature of the violation on page 3.

15. There has been no change in the ownership or management of the project:

NO CHANGE       CHANGE

If "Change", complete page 3 detailing the changes in ownership or management of the project.

**Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than the owner of the project is not permitted to sign this form, unless permitted by the state agency.**

The project is otherwise in compliance with the Code, including any Treasury Regulations, the State's Qualified Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

\_\_\_\_\_  
(Ownership Entity)

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE PROVIDE ANY CHANGES OR EXPLANATIONS  
REQUIRED UNDER QUESTIONS 1-15.**

Question #	Explanation

Phone:	
Management Contact Fax:	
Management Contact Email:	

**CHANGE IN MANAGEMENT CONTACT**

Date of Change:	
Management Co. Name:	
Management Address:	
Management city, state, zip:	
Management Contact:	
Management Contact	

**CHANGES IN OWNERSHIP OR MANAGEMENT**

(to be completed **ONLY** if “CHANGE” marked for question 15 above)

**TRANSFER OF OWNERSHIP**

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:  Address:  Phone:	
Principal (General Partner, Member or Manager):	
Status of Owner:	

**CHANGE IN OWNER CONTACT**

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	