

MaineHousing Rent Restricted Multifamily Programs
OWNER CERTIFICATION OF OCCUPANCY

Part I

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| <u>Project Information</u> Project Name _____ Project Number _____ Address _____ City _____ County _____ Placed in Service Date _____ | <u>Unit Mix</u> <u>Rent Restricted Mix</u> 0BR _____ 1BR _____ 2BR _____ 3BR _____ 4BR _____ Other _____ <u>Market Unit Mix</u> 0BR _____ 1BR _____ 2BR _____ 3BR _____ 4BR _____ Other _____ |
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Part II

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| <u>Owner Information</u> Owner Name _____ Address _____ City _____ Telephone No. _____ Fax _____ Email _____ | <u>Manager Information</u> Name _____ Address _____ City _____ Telephone No. _____ Fax _____ Email _____ |
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Part III

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| Total # of Rent Restricted units in property set <u>aside</u> for tenants @ 80% of median income _____ | Total # of Rent Restricted units in property set <u>aside</u> for tenants @ 60% of median income _____ |
| Total # of Rent Restricted units in property set <u>aside</u> for tenants @ 50% of median income _____ | Total # of Rent Restricted units in property set <u>aside</u> for tenants @ 40% of median income _____ |
| Total # of Rent Restricted units in property set <u>aside</u> for tenants @ 30% of median income _____ | Other Units _____ |
| Total # of market rate units in property _____ | |
| TOTAL UNITS IN MaineHousing-FINANCED PROPERTY _____ | |

On the basis of the Tenant Income Certification completed for each low-income tenant and attached to this or to prior owner certifications, I CERTIFY THAT, as of _____ (date):

- 1) I am maintaining occupancy in units at the above address by households whose income was at or below the income levels as indicated above; and
- 2) all units in the property, on a continuous basis, were rented or available on a non-transient basis for rental to members of the General Public; and
- 3) 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; and
- 4) 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.

On the reverse side is a COMPLETE LIST of all tenants occupying units in this project as of the date of this Certification and corresponding income (optional for non-low income tenants).

I am aware that all information obtained from the tenants is confidential. No information will be released to anyone but MaineHousing unless prior written permission has been obtained from the tenant.

Date _____ Owner _____

List of Tenants and Income

| Place a √ if a Sec 8 Holder | Place an F if FedHome Unit | Apt No | # of BR | Total #Of Persons In Household | Tenant Name | Move-In Dates | Gross Annual Income | Indicate Income Targeting per FAA (30, 40, 50, 60, 80%) or Market? | Tenant Rent Amount | Section 8 Subsidy Amount | Utility Allowance Amount | Gross Rent |
|-----------------------------|----------------------------|--------|---------|--------------------------------|-------------|---------------|---------------------|--|--------------------|--------------------------|--------------------------|------------|
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