Rent Restricted Multifamily Programs
OWNER TENANT CERTIFICATION OF OCCUPANCY

Part I

Project Information	**Unit Mix**
Project Name _____	
Project Number _____	Rent Restricted Mix
Address _____	0BR_____ 1BR_____ 2BR_____
City _____	3BR_____ 4BR_____ Other_____
County _____	
Placed in Service Date _____	Market Unit Mix
	0BR_____ 1BR_____ 2BR_____
	3BR_____ 4BR_____ Other_____

Part II

Owner Information	**Manager Information**
Owner Name_____	Name_____
Address_____	Address_____
City_____	City_____
Telephone No._____ Fax_____	Telephone No._____ Fax_____
Email_____	Email_____

Part III

Total # of Rent Restricted units in property set aside for tenants @ **80%** of median income _____	Total # of Rent Restricted units in property set aside for tenants @ **60%** of median income _____
Total # of Rent Restricted units in property set aside for tenants @ **50%** of median income _____	Total # of Rent Restricted units in property set aside for tenants @ **40%** of median income _____
Total # of Rent Restricted units in property set aside 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.
5) Each building and all HOME Investment Partnerships American Rescue Plan (HOME-ARP) 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

Attached 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 #	# of BR	Total # of Persons in Household	Tenant Name	Move-In Date	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