MAINE AFFORDABLE HOUSING TAX CREDIT PROGRAM
QUALIFIED RURAL DEVELOPMENT PRESERVATION PROJECT

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

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

Certification Dates:	**From:** **January 1, 20_____**	**To:** **December 31, 20_____**		
Project Name:		**Project No:**		
Project Address:		**City:**	**County:**	**Zip:**
Tax ID # of Owner:				
Placed in Service Date				
Credit Allocation Year				

The undersigned_____ on behalf of

_____ (the "Owner"), hereby certifies that:

1. The project meets the minimum requirements of Section 42(g)(1) of the Code: (check one)

   ☐ 20% of units @ 50% AMI under Section 42(g)(1)(A) of the Code
   ☐ 40% of units @ 60% AMI under Section 42(g)(1)(B) of the Code

   Note: The units subject to the applicable requirements checked above are referred to herein as the credit units.

2. The owner received a Tenant Income Certification (MaineHousing form) from the household in each credit unit and third party documentation supporting the certification at initial occupancy and annually thereafter and from each new member of the household.

   ☐ YES **☐ NO**

3. Each credit unit has been rent-restricted under Section 42(g)(2) of the Code:

   ☐ YES **☐ NO**

4. All credit units are and have been for use by the general public and used on a non-transient basis:

   ☐ YES **☐ NO**

5. There has been no change in the number of units in the project that are financed by or receive rental assistance from the US Department of Agriculture, Office of Rural Development ("Rural Development"):

   ☐ NO CHANGE **☐ CHANGE**

   If "**Change**", describe the change in the number of financed or assisted units on page 4 and provide a copy of the document(s) evidencing the change.

6. There has been no change in the designated use of the project (i.e. family, elderly or disabled):

   ☐ NO CHANGE **☐ CHANGE**

   If **"Change",** describe the change in designated use on page 4 and, if approved by Rural Development, provide a copy of the approval.

7. The project complies with the requirements of the financing and rental assistance from Rural Development for the project:

☐ **YES** ☐ **NO**

If "**No**", please explain the nature of the violation on page 4 and provide a copy of any notice of violation or default from Rural Development.

8. The project complies with the State of Maine Affordable Housing Tax Credit Declaration of Covenants executed by the owner of the project:

☐ **YES** ☐ **NO**

If "**No**", please explain the nature of the violation on page 4.

9. 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 on page 4 and attach a copy of the decision or judgment.

10. 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 on page 4 and attach a copy of the decision or judgment.

11. 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 credit unit in the project:

☐ **YES** ☐ **NO**

If **"No"**, explain the nature of violation on page 4 and attach a copy of the violation report and any documentation of correction.

12. If a credit 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 of comparable or smaller size to tenants that have a qualifying income before any units were or will be rented to tenants that do not have a qualifying income:

☐ **YES** ☐ **NO**

13. If the income of tenants of a credit 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 tenants that have a qualifying income:

☐ **YES** ☐ **NO**

14. The project has not suffered a casualty loss resulting in the displacement of tenants.

☐ **YES** ☐ **NO**

If "Yes", please explain the nature of the loss on page 4.

15. There has been no change in the number, size, location or nature of any building, unit, common area or facility, or non-residential space in the project:

☐ **NO CHANGE** ☐ **CHANGE**

If **"Change",** describe the change(s) on page 4 and, if approved by Rural Development, provide a copy of the approval.

16. The facilities and common areas of the project (such as parking spaces, recreational facilities, washer/dryer hookups, and appliances) are available to all tenants on a comparable basis and no fees are charged for the use of such common areas and facilities:

☐ **YES** ☐ **NO**

If "**No**", please explain on page 4.

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

☐ **NO CHANGE** ☐ **CHANGE**

If **"Change"**, describe the change in ownership or management of the project on page 4.

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

The project is otherwise in compliance with the laws, rules and regulations governing the State of Maine tax credit for affordable housing, including without limitation, 36 M.R.S. §5219-WW and 30-A M.R.S. §4722(1)(GG) and MaineHousing's Rule Chapter 35, the *State Low-Income Housing Tax Credit Rule*, as they may be amended, 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 1-16.

Question #	Explanation

CHANGE IN MANAGEMENT CONTACT

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

CHANGES IN OWNERSHIP OR MANAGEMENT
(complete **ONLY if "CHANGE"** marked for Question 17)

TRANSFER OF OWNERSHIP

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name: Address: Phone:	
Legal Type of Owner:	

CHANGE IN OWNER CONTACT

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