# OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

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

| | | | | |
|---|---|---|---|---|
| **Certification Dates:** | **From:** _____/_____/_____ | | **To:** _____/_____/_____ | |
| **Project Name:** | | | **Project No:** | |
| **Project Address:** | | **City:** | **County:** | **Zip:** |
| **Sponsor Name / Ownership Entity:** | | | | |
| **Number of :** | Units _____ | Beds_____ | SRO ☐ yes ☐ no | |
| | # Occupied _____ | # Occupied_____ | | |
| | Population Served: | Population Served: | | |

| **Service Funding Sources:** | | | |
|---|---|---|---|
| | | | |

The undersigned_____ on behalf of

_____ (The "Owner") hereby certifies that:

(Please check all applicable sections. If **"Change"** is checked, please describe on Page 2 the change that occurred in the project for the certification year:)

1. The project continues to meet the requirements of:
   - ☐ The MaineHousing Commitment Letter
   - ☐ The Financial Assistance Agreement / Declaration of Covenants, Conditions and Restrictions
   - ☐ The Mortgage and Security Agreement

2. There has been **no change in use** for any unit / building in the project:
   **☐ NO CHANGE ☐ CHANGE**

3. The owner / provider maintains on file Resident Income information from each low-income resident and documentation to support that information:
   **☐ YES ☐ NO**

4. Each low-income unit / bed in the project continues to meet any rent-restriction requirements imposed under the Financial Assistance Agreement / Declaration of Covenants, Conditions and Restrictions:
   **☐ YES ☐ NO ☐ N/A**

5. All low-income units/beds 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).
   **☐ YES ☐ NO ☐ HOMELESS**

6. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for 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:
   **☐ NO FINDING ☐ FINDING**

7. 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 **other than MaineHousing** that may be 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"**, state nature of violation on page 2 and attach a copy of the violation report.

8. Each building in the project 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 Partnerships Program, Section 92.251.:
   ☐ **YES** ☐ **NO** ☐ **N/A**

9. 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**

10. Each building in the project and all HOME Investment Partnerships American Rescue Plan Program (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 Partnerships Program, Section 92.251.:
    ☐ **YES** ☐ **NO** ☐ **N/A**

11. There has been **no change in the sponsor's 501 c 3 status** since last certification submission:
    ☐ **NO CHANGE** ☐ **CHANGE**

12. There has been no change in the Population being served by the project:
    ☐ **NO CHANGE** ☐ **CHANGE**

13. There has been no change in the name of the Ownership entity or change in the Ownership of the project:
    ☐ **NO CHANGE** ☐ **CHANGE**

14. There has been no change in the Management of the project:
    ☐ **NO CHANGE** ☐ **CHANGE**

15. The project complies with the requirements of all applicable Federal and State Housing Programs included in the project (e.g., Rural Housing Services, HOME, Housing Trust Fund (HTF), HOME Investment Partnerships American Rescue Plan Program (HOME-ARP),HUD Section 8, or Tax-Exempt Bonds):
    ☐ **YES** ☐ **NO** ☐ **N/A**

The project is otherwise in compliance with the MaineHousing Loan Documents and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

_____

**By:** _____ **(Ownership Entity)**

**Title:** _____

**Date:** _____

**PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" ON QUESTIONS 1-16.**

| Question # | Explanation |
|---|---|
| | |
| | |
| | |
| | |
| | |

**CHANGES IN OWNERSHIP OR MANAGEMENT**

(to be completed **ONLY if "CHANGE"** marked for questions 10 & 11 above)

**TRANSFER OF OWNERSHIP**

| | |
|---|---|
| Date of Change: | |
| Taxpayer ID Number: | |
| General Partnership: | |
| Status of Partnership (LLC, etc): | |

**CHANGE IN MANAGEMENT CONTACT**

| | |
|---|---|
| Date of Change: | |
| Owner/ Manager Name: | |
| Address: | |
| Contact Name: | |
| Phone #: | |

## Instructions for Completing
## Owner's Certification of Continuing Program Compliance

Owners of properties participating in MSHA multi-family housing programs must meet certain rent, income and/or occupancy requirements during the qualified project period as defined in the project loan documents. The "Owner's Certification of Continuing Program Compliance" establishes that the owner is meeting these obligations on an ongoing basis.

### *Part One*

| | |
|---|---|
| Certification Dates: | This is the 12-month period of time the certification covers. |
| Project Name: | Name of the project as known by MSHA. |
| Project Number: | Number assigned by MSHA to the project at permanent loan closing. |
| Project Address: | Address of the project. |
| Sponsor Name/Ownership Entity: | Owner of record of the project. |
| Number of: | List total number of units or beds contained in the project, how many are currently occupied as of the end of the certification period and the targeted population being served (e.g. homeless, youth, etc.) |
| SRO: | Single Room Occupancy project. |
| Services Funding Sources: | Identify those organizations that provide funds to the project specifically for services to residents. Sources may include DHS, BDBS etc. |

Print name of person who is completing and signing the form on the first line and the owner/entities name on the second blank line.

Complete questions 1 – 12 by checking the appropriate boxes.

Certify that the project is in compliance and that the information contained on the form is accurate and correct by signing, dating, and listing title and ownership entity name.

The remaining boxes are to be completed when needing to provide additional information on questions 1 –12 or if there has been a change in Management or Ownership.