# TAX CREDIT EXCHANGE PROGRAM
# 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 Ownership Entity:** | | | | |
| **Building Identification Number(s):** | (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:

1. The project meets the minimum low-income set-aside test applicable to the Project and complies with the additional low-income targeting pledged by the Owner as set forth in the Extended Low Income Housing Commitment on which the allocation was based (e.g. 50% AMI and 60% AMI).
   ☐ **YES** ☐ **NO**

2. There has been **no change in the applicable fraction** for any building in the project:
   ☐ **NO CHANGE** ☐ **CHANGE**
   If **"Change",** list a description of the change on page 3:

3. If required, The Owner has received an annual Tenant Income Certification from each low-income resident and documentation to support that certification, or in the case of a tenant receiving Section 8 housing assistance payments, the statement from a public housing authority.
   ☐ **YES** ☐ **NO**

4. Each low-income unit in the project has been rent-restricted under Section 42(g)(2) of the IRS Code:
   ☐ **YES** ☐ **NO**

5. 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 IRS Code):
   ☐ **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 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 3 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

8. There has been **no change in the eligible basis** (as defined in Section 42(d) of the Code) of any building in the project since last certification submission:
   ☐ **NO CHANGE** ☐ **CHANGE**
   If **"Change"**, state nature of change (e.g., a common area has become commercial space, a fee is now charged for a tenant facility formerly provided without charge, or the project owner has received federal subsidies with respect to the project which had not been disclosed to the allocating authority in writing) on page 3:

9. All tenant facilities included in the eligible basis of any Qualified Low-income Building in the project, such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided on a comparable basis without charge to all tenants in the buildings:
   ☐ **YES** ☐ **NO**

10. If a low-income unit in the Qualified Low income Building became 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 having a qualifying income before any units were or will be rented to tenants not having a qualifying income:
    ☐ **YES** ☐ **NO**

11. If the income of tenants of a low-income unit in any Qualified Low-income 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 the Extended Low-income Housing Commitment for Qualified Low-income Buildings subject to Section 7108(c)(1) of the Revenue Reconciliation Act of 1989.
    ☐ **YES** ☐ **NO** ☐ **N/A**

13. In the prior 12 month period the owner has not:
    a) evicted a tenant in a low income unit for other than good cause,
    b) 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, or
    c) increased the gross rent of a tenant with respect to a low income unit not otherwise permitted under Section 42 of the IRS Code
    ☐ **YES** ☐ **NO** ☐ **N/A**

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, HUD Section 8, or Tax-Exempt Bonds).

15. ☐ The project has not received notice of any violation of applicable building codes. In the event a violation occurs the owner must report all violations to MaineHousing including a summary of or copies of violations issued. The Owner must indicate whether the violations have been corrected and must retain all original reports of violation.

16. ☐ No applicant for tenancy in possession of a Section 8 voucher was refused housing solely because of their status as a Section 8 voucher holder.

17. If the owner received its credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42(h)(5) of the code and its non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code.
    ☐ **YES** ☐ **NO** ☐ **N/A**

18. 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.

19. 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**

**Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner 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 applicable State 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 EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" ON 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**
(to be completed **ONLY if "CHANGE"** marked for question 18 above)

**TRANSFER OF OWNERSHIP**

| | |
|---|---|
| Date of Change: | |
| Taxpayer ID Number: | |
| Legal Owner Name:<br><br>Address:<br><br>Phone: | |
| General Partnership: | |
| Status of Partnership (LLC, etc): | |

**CHANGE IN OWNER CONTACT**

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