

**MaineHousing Supportive Housing
Rent Restricted Multifamily Programs
OWNER CERTIFICATION OF OCCUPANCY**

Part I

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

Part II

<u>Owner Information</u>	<u>Manager Information</u>
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 <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 _____

														Place a √ if a Sec 8 Holder	List of Tenants and Income
														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	