OWNER'S CERTIFICATE OF CONTINUING LIHTC PROGRAM COMPLIANCE – POST 15 YEAR

To: Connecticut Housing Finance Authority C/O Spectrum Enterprises, Inc. 75 John Roberts Rd., Suite 2C South Portland, ME 04106

Certification Dates:		From: Janu	uary 1, 20	То:	To: December 31, 20		
Project Name:				Project No	o:	·	
Project Address:			City:		Zip:		
Tax ID # of Ownership Entity:				,		,	
The u	ndersigned					on behalf of	
					(the "Owner"), hereby certifies to the	
Connec	cticut Housing Fina	ance Authority ("the A	uthority") that:				
I.	The project met the minimum requirements of: (check one) 20 - 50 test under Section 42(g)(1)(A) of the Code 40 - 60 test under Section 42(g)(1)(B) of the Code						
And, if applicable to the project: (check) 15 - 40 test for "deep rent-skewed" projects under Section 42(g)(4) and 142(d)(4)(B) of the Code;							
II.	There has been no change in the applicable fraction (as defined in Section 42(c)(1)(B)) of any building in the project, or that there was a change and description of the change;						
	If "Change" listyear on page 3		ction to be reported	I to the IRS for <u>each bu</u>	<u>uilding</u> in the	project for the certification	
III.	The owner has received an annual income certification from each low-income tenant, 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 described in paragraph (b)(1)(vii) of Section 1.42-5; YES NO						
IV.	Each low-incon		t has been rent-res ☐ NO	tricted under Section 4	-2(g)(2);		
V.	All units in the project were for use by the general public (as defined in Section 1.42-9), including the requirement that no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, occurred for the project. A finding of discrimination includes an adverse final decision by the Secretary of the Department 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;						
VI.	safety, and buil making local he income unit in t a statement su certification sub	ding codes (or othe ealth, safety, or build he project. If a violate mmarizing the violate mitted to the Autholation has been con	r habitability standa ding code inspectio ation report or notice tion report or notice rity under paragrap	ards), and the State or ns did not issue a viola e was issued by the go or a copy of the violat	local governation report fovernmental	to account local health, ament unit responsible for for any building or low-dunit, the owner must attacher notice to the annual ion, the owner must state	

VII.	There was no change in the eligible basis (as defined in Section 42(d)) of any building in the project, or if there was a change, the nature of the change (e.g., a common area has become commercial space, or a fee is now charged for a tenant facility formerly provided without charge); NO CHANGE CHANGE				
	If "Change", state nature of the o	change on page 4.			
VIII.			Section 42(d) of any building in the project, such as swimming were provided on a comparable basis without charge to all		
IX.	rent that unit or the next available	e unit of comparable of	ing the year, reasonable attempts were or are being made to or smaller size to tenants having a qualifying income before s not having a qualifying income;		
X.	An extended low-income housing commitment as described in Section 42(h)(6) was in effect (for buildings subject to Section 7108(c)(1) of the Omnibus Budget Reconciliation Act of 1989, 103 Stat. 2106, 2308-2311), including the requirement under Section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437f (for buildings subject to Section 13142(b)(4) of the Omnibus Budget Reconciliation Act of 1993, 107 Stat. 312, 438-439);				
	☐ YES	□ NO	□ N/A		
XI.			transient basis (except for transitional housing for the gle-room-occupancy units rented on a month-by-month basis		
	☐ YES	□ NO	HOMELESS		
XII.a	The owner received its credit allo "qualified non-profit organizations YES		n of the state ceiling set-aside for a project involving n)(5) of the code.		
XII.b	If YES, name of participating non	-profit organization:			
	There has been no change in the	☐ CHANGE			
If "CI	hange", complete page 4 detailing	the changes in owne	ership or management of the project.		
XIV.	Answer 5, states that Internal Re housing commitment include a presence tenancy (other than for good cau	venue Code ("IRC") S rohibition during the e se) of an existing tens	RS") Revenue Ruling 2004-82, which at Question and Section 42(h)(6)(B)(i) requires that "an extended low-income xtended use period against (1) the eviction or termination of ant of any low-income unit (no-cause eviction protection) and nit not otherwise permitted under § 42.		
XV.	The person responsible for the tax three years. Provide copy of cert YES		of the property has attended LIHTC training within the past ducation.		
XVI.	(VAWA) protection to all person	n covered by VAWA I commodations with le	cedures in accordance with the Violence Against Women Act aw. This includes but is not limited to notificatioin and notice ases, emergency transfer plans, occupancy rights, evictions juirements."		

XVII.		meet the requirements of the Qualified Allocation Plan that was in cific scoring criteria that the project was awarded points for, and the diapplication submitted for the project.			
	If "NO", complete page 4 explaining why the	property no longer meets the requirements.			
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.					
Plan,		de, including any Treasury Regulations, the applicable State Allocation ations. This Certification and any attachments are made UNDER			
Ву:					
	(Signature)	(Ownership Entity)			
	(Please Print Name)	(Owner Phone Number)			
Title:					
Date:					

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" OR "CHANGE" ON QUESTIONS 1-17. (EXCEPT XIIA)

Question # **Explanation**

CHANGES IN OWNERSHIP OR MANAGEMENT

(to be completed **ONLY if "CHANGE"** marked for question 13 above)

TRANSFER OF OWNERSHIP				
Date of				
Change:				
Taxpayer ID				
Number:				
Legal Owner				
Name:				
General				
Partnership:				
Status of				
Partnership				
(LLC, etc):				
CU	ANCES IN OWNER CONTACT			
Date of	ANGES IN OWNER CONTACT			
Change:				
Owner				
Contact:				
Contact.				
Owner				
Contact				
Phone:				
Owner				
Contact Fax:				
Owner				
Contact Email:				
CHANG	SES 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: