# 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 From: To:					
Certification Dates:		January 1, 20		December 31, 20	
Project Name:			Project No:		
Project Address:			City:	Zip:	
Tax ID # of Ownership Entity:			i		
The u	indersigned			on behalf of	
			(the "Ow	mer"), hereby certifies to the	
Conneo	cticut Housing Fina	ance Authority ("the Authority") that:			
<ul> <li>I. The project met the minimum requirements of: (check one)</li> <li>20 - 50 test under Section 42(g)(1)(A) of the Code</li> <li>40 - 60 test under Section 42(g)(1)(B) of the Code</li> </ul>					
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.	project, or that	n <b>no change in the applicable frac</b> there was a change and description <b>O CHANGE</b> CHANGE		1)(B)) of any building in the	
	If " <b>Change"</b> lis year on page 3	st the applicable fraction to be repor 3.	ted to the IRS for <u>each building</u> in	the project for the certification	
III.	that certification public housing	received an annual income certifican; or, in the case of a tenant receivir authority described in paragraph (b) ES	ng Section 8 housing assistance p		
IV.		ne unit in the project has been rent- ES	restricted under Section 42(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 whether the vic	and low-income units in the project we lding codes (or other habitability state ealth, safety, or building code inspect the project. If a violation report or no mmarizing the violation report or no point ted to the Authority under parage plation has been corrected; ES DO	ndards), and the State or local go ctions did not issue a violation rep otice was issued by the governme tice or a copy of the violation repo	vernment unit responsible for ort for any building or low- ntal unit, the owner must attach rt or notice to the annual	

		nange (e.g., a commo	
	If "Change", state nature of the cl	hange on page 4.	
VIII.			ection 42(d) of any building in the project, such as swimming ere provided on a comparable basis without charge to all
IX.		unit of comparable or	ng the year, reasonable attempts were or are being made to smaller size to tenants having a qualifying income before not having a qualifying income;
Χ.	to Section 7108(c)(1) of the Omni requirement under Section 42(h)( because the applicant holds a vou	bus Budget Reconcili 6)(B)(iv) that an owne ucher or certificate of	ibed in Section 42(h)(6) was in effect (for buildings subject ation Act of 1989, 103 Stat. 2106, 2308-2311), including the r cannot refuse to lease a unit in the project to an applicant eligibility under Section 8 of the United States Housing Act of 13142(b)(4) of the Omnibus Budget Reconciliation Act of $\square$ N/A
XI.			ansient basis (except for transitional housing for the le-room-occupancy units rented on a month-by-month basis
XII.a	The owner received its credit alloc "qualified non-profit organizations"		of the state ceiling set-aside for a project involving (5) of the code.
XII.b	If YES, name of participating non-	profit organization:	
	There has been no change in the <b>NO CHANGE</b> nange", complete page 4 detailing		ement of the project; ship or management of the project.
XIV.	Answer 5, states that Internal Rev housing commitment include a pro- tenancy (other than for good cause	venue Code ("IRC") So phibition during the ex pe) of an existing tena	RS") Revenue Ruling 2004-82, which at Question and ection $42(h)(6)(B)(i)$ requires that "an extended low-income tended use period against (1) the eviction or termination of ht of any low-income unit (no-cause eviction protection) and it not otherwise permitted under § 42.
XV.	The person responsible for the tax three years. Provide copy of certif		f the property has attended LIHTC training within the past ucation.
XVI.	(VAWA) protection to all person	covered by VAWA la ommodations with lea	edures in accordance with the Violence Against Women Act w. This includes but is not limited to notificatioin and notice ses, emergency transfer plans, occupancy rights, evictions irements."

XVII. The Owner confirms the project continues to meet the requirements of the Qualified Allocation Plan that was in effect at the time of their application, the specific scoring criteria that the project was awarded points for, and the certifications represented in the Consolidated Application submitted for the project.
 YES
 NO

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.

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.

By:

(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):	

#### **CHANGES IN OWNER CONTACT**

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

#### CHANGES 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:	