OWNER'S CERTIFICATE OF CONTINUING LIHTC PROGRAM COMPLIANCE

Connecticut Housing Finance Authority
 C/O Spectrum Enterprises, Inc.
 75 John Roberts Road Ste 2C
 South Portland, ME 04106

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.

		·	T						
Certi	fication Dates:	From: January 1, 2	0	То:		December 3	1, 20		
Proje	ect Name:			Projec	t No:				
Proje	ect Address:			City:			Zip:		
	D # of ership Entity:						1		
Own	er:		Owner Email:						
Mana Cont	agement act:		Management Er	mail:					
The u	ndersigned						on behalf of		
					(the "C	Owner"), hereb	y certifies to the		
Conne	cticut Housing Financ	e Authority ("the Authority") that	:						
I.	20 - 50 tes 40 - 60 tes	e minimum requirements of: st under Section 42(g)(1)(A) o st under Section 42(g)(1)(B) o ncome test under Section 42(of the Code of the Code	ode (co i	mplete att	ached IA Tra	acking Sheet)		
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; NO CHANGE CHANGE								
	If "Change" list to year on page 4.	he applicable fraction to be re	eported to the IRS	for <u>eac</u>	h building	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.		unit in the project has been re	ent-restricted unde	er Section	on 42(g)(2));			
V.	that no finding of o of discrimination in Development (HU	iect were for use by the generaliscrimination under the Fair Hacludes an adverse final decised by, 24 CFR 180.680, an adverse U.S.C. 3616a(a)(1), or an an analysis NO	Housing Act, 42 Usion by the Secreta erse final decision	.S.C. 36 ary of th by a su	501-3619, ne Departn bstantially	occurred for nent of Housi equivalent st	the project. A finding ing and Urban		
VI.	safety, and buildin making local healt income unit in the a statement summ certification submi	low-income units in the proje g codes (or other habitability h, safety, or building code ins project. If a violation report or arizing the violation report or tted to the Authority under pa on has been corrected;	standards), and the pections did not is or notice was issued notice or a copy of	ne State ssue a ved by the of the vi	or local good oriolation re e governm olation rep	overnment ur port for any b nental unit, the port or notice	nit responsible for building or low- e owner must attach to the annual		

VII.		nange (ê.g., a commo	o ,.
	If "Change", state nature of the c	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.			ding increased above the limit allowed in Section smaller size in the building was or will be rented to tenants
XI.	Section 7108(c)(1) of the Omniburequirement under Section 42(h)(because the applicant holds a voice.	s Budget Reconciliation 6)(B)(iv) that an owner or certificate of a	ribed in Section 42(h)(6) was in effect (for buildings subject to on 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
	☐ YES	□NO	□ N/A
XII.	homeless provided under Section under Section 42(i)(3)(B)(iv);	42(i)(3)(B)(iiii) or sing	ransient basis (except for transitional housing for the gle-room-occupancy units rented on a month-by-month basis
	☐ YES	☐ NO	HOMELESS
XIII.a	The owner received its credit allow non-profit organizations" under Se	•	of the state ceiling set-aside for a project involving "qualified code.
XIII.b	If YES, name of participating non	-profit organization:	
XIV.	There has been no change in the NO CHANGE If "Change", complete page 4 de	☐ CHANGE	ement of the project; ownership or management of the project.
XV.	The Owner complies with Internal 5, states that Internal Revenue Commitment include a prohibition	Revenue Service ("IF ode ("IRC") Section 42 during the extended of existing tenant of any	RS") Revenue Ruling 2004-82, which at Question and Answer $2(h)(6)(B)(i)$ requires that "an extended low-income housing use period against (1) the eviction or termination of tenancy low-income unit (no-cause eviction protection) and (2) any
XVI.	The person responsible for the tax three years. Provide copy of certif		of the property has attended LIHTC training within the past ucation.
XVII.	(VAWA) protection to all person of	overed by VAWA law nmodations with lease	edures in accordance with the Violence Against Women Act. This includes but is not limited to notification and notice es, emergency transfer plans, occupancy rights, evictions and nts.

eff		pecific scoring criteria th	nat the project was awarded points for, and the ed for the project.
If '	"NO", complete page 4 explaining why t	he property no longer m	neets the requirements.
addition			compliance with program requirements. In he project is not permitted to sign this form,
Plan, an			asury Regulations, the applicable State Allocation tion and any attachments are made UNDER
Ву:	(Signature)		(Ownership Entity)
-	(Please Print Name)	_	(Owner Phone Number)
Title:		_	(Owner Email)
Date:			
Signed s	ealed and delivered in the presence of:	Notary	:
Witness:		My commission expires:	
Date of E	xecution:	(NOTARY PUBLIC SEAL	.)

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" OR "CHANGE" ON QUESTIONS 1-18. (EXCEPT XIIIA)

Question # **Explanation**

CHANGES IN OWNERSHIP OR MANAGEMENT

(to be completed **ONLY if "CHANGE"** marked for question 14 above)

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:
Taxpayer ID Number: Legal Owner Name: General Partnership: Status of Partnership (LLC, etc): CHANGES IN OWNER CONTACT Date of Change: Owner Contact: Owner Contact
Taxpayer ID Number: Legal Owner Name: General Partnership: Status of Partnership (LLC, etc): CHANGES IN OWNER CONTACT Date of Change: Owner Contact: Owner Contact
Number: Legal Owner Name: General Partnership: Status of Partnership (LLC, etc): CHANGES IN OWNER CONTACT Date of Change: Owner Contact: Owner Contact
Legal Owner Name: General Partnership: Status of Partnership (LLC, etc): CHANGES IN OWNER CONTACT Date of Change: Owner Contact: Owner Contact
Name: General Partnership: Status of Partnership (LLC, etc): CHANGES IN OWNER CONTACT Date of Change: Owner Contact: Owner Contact
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Contact
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Owner
Contact Fax:
Owner
Contact Email:
Contact Email.
CHANGES IN MANAGEMENT CONTACT
Date of
Change:
Management
Co. Name:
Co. Name: Management Address:
Management Address: Management
Management Address: Management city, state, zip:
Management Address: Management city, state, zip: Management
Management Address: Management city, state, zip:
Management Address: Management city, state, zip: Management
Management Address: Management city, state, zip: Management Contact: Management Contact
Management Address: Management city, state, zip: Management Contact: Management
Management Address: Management city, state, zip: Management Contact: Management Contact Phone: Management
Management Address: Management city, state, zip: Management Contact: Management Contact Phone: Management Contact Fax:
Management Address: Management city, state, zip: Management Contact: Management Contact Phone: Management

Only to be completed if the owner has elected AVERAGE INCOME as the minimum set-aside requirement for question 10c on the 8609

Connecticut Housing Finance Authority Low Income Housing Tax Credit (LIHTC) Income Averaging Tracking Sheet

The Connecticut Housing Finance Authority (CHFA) requires that this Income Averaging Tracking Sheet be completed to show <u>all units in each building</u> of your LIHTC project. Every unit in each tax credit building must be reported regardless of whether it is a tax credit unit.

Please note that the number of LIHTC units at each AMI% must match the Extended Low-Income Housing Commitment for Low Income Housing Credits. For units that are not Tax Credit qualified, please select the "MKT" column which applies to the unit. No entries should exist that are prior to the "placed in service date".

Project Name		Total No. of BINs	
Address		Buildings PIS Dates	
County		Total No. of Units (including market)	
Report Period		No. of LIHTC Units	
Prepared by:		Date:	
AMI	Total # of Units		
20%			
30%			
40%			
50%			
60%			
70%			
80%			
Market Rate			
TOTAL			

							Indic	ate One	
BIN#	UNIT#	NO. OF BDRMS	TENANT NAME	HSLD SIZE	MOVE-IN DATE	ANNUAL INCOME (Total Household Income)	LIHTC (%)	MKT	Vacant

							Indic	ate One	
BIN#	UNIT#	NO. OF BDRMS	TENANT NAME	HSLD SIZE	MOVE-IN DATE	ANNUAL INCOME (Total Household Income)	LIHTC (%)	MKT	Vacant

							Indic	ate One	
BIN#	UNIT #	NO. OF BDRMS	TENANT NAME	HSLD SIZE	MOVE-IN DATE	ANNUAL INCOME (Total Household Income)	LIHTC (%)	MKT	Vacant