OWNER'S CERTIFICATE OF CONTINUING LIHTC PROGRAM COMPLIANCE

c: 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.

Certi	fication Dates:	From: January 1, 20			To: December 31, 20			
Proje	ect Name:	,		Projec			, -	
Proje	ect Address:			City:			Zip:	
Tax ID # of Ownership Entity:								
Own	er:		Owner Email:					
Mana Cont	agement act:		Management E	mail:				
The u	ndersigned						on behalf of	
					(the "C	Owner"), hereby	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	mplete atta	ached IA Tra	cking Sheet)	
II.	project, or that the	o change in the applicable for the was a change and descrip CHANGE	tion of the change		ection 42(c)(1)(B)) of any	y building in the	
	If "Change" list the year on page 4.	ne applicable fraction to be re	ported to the IRS	for <u>eac</u>	ch building i	n the project	for the certification	
III.	that certification; o	ceived an annual income cert r, in the case of a tenant rece hority described in paragraph NO	eiving Section 8 h	ousing a	assistance			
IV.	Each low-income t	unit in the project has been re	ent-restricted unde	er Secti	on 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 building making local health income unit in the a statement summa certification submit	low-income units in the proje g codes (or other habitability h, safety, or building code ins project. If a violation report or narizing the violation report or tted to the Authority under pa on has been corrected;	standards), and the pections did not in the pections did not in the pections did not ice was issued anotice or a copy	ne State ssue a ed by th of the v	e or local goviolation replaced	overnment un port for any be ental unit, the ort or notice t	it responsible for uilding or low- e owner must attach o the annual	

VII.		iange (e.g., a commo		
	If "Change", state nature of the ch	nange on page 4.		
VIII.			ection 42(d) of any building in the project, such as swimmin ere provided on a comparable basis without charge to all	ıg
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 Omnibus requirement under Section 42(h)(6 because the applicant holds a vou	s Budget Reconciliations)(B)(iv) that an owner scher or certificate of e	ribed in Section 42(h)(6) was in effect (for buildings subject 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.			ransient basis (except for transitional housing for the ple-room-occupancy units rented on a month-by-month basis	s
	☐ YES ?	□NO	HOMELESS	
XIII.a	The owner received its credit alloc non-profit organizations" under Se YES		n of the state ceiling set-aside for a project involving "qualific code.	∌d
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 det	☐ CHANGE	ement of the project; ownership or management of the project.	
XV.	5, states that Internal Revenue Co commitment include a prohibition	ode ("IRC") Section 42 during the extended u existing tenant of any	RS") Revenue Ruling 2004-82, which at Question and Answer (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 herwise permitted under § 42.	
XVI.	The person responsible for the tax three years. Provide copy of certifi YES		of the property has attended LIHTC training within the past ucation.	
XVII.	(VAWA) protection to all person co	overed by VAWA law. nmodations with lease	edures in accordance with the Violence Against Women Ac. This includes but is not limited to notification and notice es, emergency transfer plans, occupancy rights, evictions arnts.	

eff		pecific scoring criteria t ted Application submitte	nts of the Qualified Allocation Plan that was in hat the project was awarded points for, and the ed for the project.
If '	"NO", complete page 4 explaining why t	the property no longer n	neets the requirements.
addition			compliance with program requirements. In the project is not permitted to sign this form,
Plan, and			asury Regulations, the applicable State Allocation tion and any attachments are made UNDER
Ву:	(Signature)		(Ownership Entity)
-	(Please Print Name)	<u> </u>	(Owner Phone Number)
Title:		_	(Owner Email)
Date:			
Signed s	ealed and delivered in the presence of:	Notary	<i>y</i> :
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)

т	RANSFER OF OWNERSHIP
Date of	
Change:	
Taxpayer ID	
Number:	
Legal Owner	
Name:	
General	
Partnership:	
Status of	
Partnership	
(LLC, etc):	
	ANGES IN OWNER CONTACT
Date of	
Change:	
Owner	
Contact:	
Ourner	
Owner Contact	
Phone:	
Owner	
Contact Fax:	
Owner	
Contact Email:	
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:	

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			

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

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

							Indicate One		
BIN#	UNIT #	NO. OF BDRMS	TENANT NAME	HSLD SIZE	MOVE-IN DATE	ANNUAL INCOME (Total Household Income)	LIHTC (%)	MKT	Vacant
<u> </u>									