OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

New Jersey Housing and Mortgage Finance Agency

	ification	From:		To:		.0.4.0
Dates:		January 1, 2018		December 31, 2018		
Proje	ect Name:			LITC No):	
Project Address:					City:	Zip:
	ID # of ership Entity:					
Own Addr	ership Entity ess:					
	ership Entity ne Number:			Fax Numbe	r:	
	ership Entity ail Address:					
The u	ndersigned	on behalf	of		(the "Ow	vner"), hereby certifies that
1.	The project meets 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 □ 15 - 40 test for "deep rent-skewed" projects under Section 42(g) (4) and 142(d) (4) (B) of the Code □ Income Averaging (please attach unit designations if not previously submitted)					
2.	There has been in project:	no change in the applicable f	raction (as defined in Se	ction 42(c)(1)(B) of the Code)	for any building in the
		☐ NO CHANGE	☐ CHAN	GE		
	If "Change", list	the applicable fraction for each	building in the project for	r the certificati	on year on page	e 4:
3.	The owner has received an "Annual" Tenant Income Certification from each low-income resident and documenta that certification and/or an "Initial" Tenant Income Certification from each low-income resident, and documentation the certification at initial occupancy.					
		☐ YES	□ NO			
		If "No" please provi	de explanation on page	<u>4</u> .		
	please attach a c	enant Income Certification was opy of the TIC with backup do age 4. If the tenant failed to rec	cumentation, recertification	on notices, No	tice to Cease/Q	uit and provide
4.	Each low-income	unit in the project has been re	nt-restricted under Section	n 42(g)(2) of t	he Code:	
		☐ YES	□ №			
5.		nits in the project are and have ional housing for the homeless				on a non-transient basis
		☐ YES	□ №		HOMELESS	
6.	discrimination inc	crimination under the Fair Hous cludes an adverse final decision decision by a substantially equi federal court:	n by the Secretary of Hou	sing and Urba	n Development	(HUD), 24 CFR 180.680,
		☐ NO FINDING				

7.	(or other habitability star	ndards), and the state or		ccount local health, safety, and building codes le for making building code inspections did not	
	If HALall atota materia	☐ YES	□ NO		
	any documentation of		nd attach a copy of the violation	n report as required by 26 CFR 1.42-5 and	
_					
8.	There has been no cha last certification submis		is (as defined in Section 42(d) o	f the Code) of any building in the project since	
		☐ NO CHANGE	☐ CHANGE		
	If "Change", state nat	ure of change (e.g., a c	ommon area has become com	mercial space, a fee is now charged for a	
				eceived federal subsidies with respect to the	
	project which had not	been disclosed to the	allocating authority in writing	on page 4:	
9.	swimming pools, other r		rking areas, washer/dryer hooku	of any building in the project, such as os, and appliances were provided on a	
		☐ YES	□ NO		
10.	or the next available un		ler size to tenants having a qual	attempts were or are being made to rent that unit fying income before any units were or will be	
		☐ YES	□ NO		
11.	If the income of tenants of a low-income unit in any building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, the next available unit of comparable or smaller size in that building was or will be rented to residents having a qualifying income:				
	income.	☐ YES	□ NO		
12.	section 42(h) (6) (B)(iv) voucher or certificate of refused to lease a unit t meets the provisions, ir	that an owner cannot re eligibility under Section to an applicant based so	If the to lease a unit in the project 8 of the United States Housing lely on their status as a holder our is in the extend	was in effect, including the requirement under to an applicant because the applicant holds a Act of 1937, 42 U.S.C. 1437s. Owner has not f a Section 8 voucher and the project otherwise ed low-income housing commitment (not	
		☐ YES	□ NO	□ N/A	
		If "No" or "N/A" pleas	e provide explanation on page	<u>4</u> .	
13.	The owner received its credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42(h)(5) of the code and its non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code.				
		☐ YES	□ NO		
14.	There has been no cha	nge in the ownership or	management of the project:		
		☐ NO CHANGE	☐ CHANGE		
	If "Change", complete	page 4 detailing the c	hanges in ownership or mana	gement of the project.	
15.	Pub. L. No. 103-322, tit IV VAWA 2013, Pub. L. 113-	/, 108 Stat. 1902 (1994) -4, 601, 127, Stat. 54 (20	, VAWA 2005, Pub. L. No. 109-1 013) and if applicable VAWA 201	ights under the Violence Against Women Act, 62, 4402, 119 Stat. 2960, 3041-49 (2006), 3: Implementation in HUD Housing programs, m HUD-5382, VAWA self-certification	
	TOTAL.	□ YES	□ NO		

If "No" please provide explanation on page 4.

16.	The owner has not increased the rent charged to each existing tenant (excluding rental assistance) by more than 5.00 percental annually, including due to changes in utility allowance calculations:	
	□ YES	□NO
	If "No" please provid	e explanation on page 4.
17.	The on-site Property Management office had	office hours of at least 20 hours every week:
	☐ YES	□ NO
	If "No" please provide	e explanation on page 4.
18.	The owner has registered and posted the pro and actively updated property information.	perty on our Housing Resource Center (https://www.nj.gov/njhrc/)
	□ YES	□ №
	If "No" please provid	<u>e explanation on page 4</u> .
Note		ety will result in noncompliance with program requirements. In addition, any I partner of the project is not permitted to sign this form, unless permitted by
		de, including any Treasury Regulations, the applicable State Allocation Plan, and is Certification and any attachments are made UNDER PENALTY OF PERJURY.
		(Ownership Entity)
		(Signature)
		(Title)
		(Date)

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" NO EXPLANATION NEEDED FOR QUESTION #13

Ques. #	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT

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

for questi	on 14 above)
т	RANSFER OF OWNERSHIP
Date of	TO THE COUNTY OF
Change:	
Taxpayer ID	
Number:	
Legal Owner	
Name:	
General	
Partnership:	
Status of	
Partnership	
(LLC, etc):	
	IANGE IN OWNER CONTACT
Date of	
Change:	
Owner	
Contact:	
Owner	
Contact	
Phone:	
Owner	
Contact Fax:	
Owner	
Contact Email:	
	GE 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: