

**Low Income Housing Tax Credit Program  
OWNER'S CERTIFICATE OF CONTINUING PROGRAM  
COMPLIANCE**

To: ARKANSAS DEVELOPMENT FINANCE AUTHORITY

<b>Certification Dates:</b>	<b>From:</b> January 1, 20	<b>To:</b> December 31, 20	
<b>Project Name:</b>		<b>Building Identification No:</b> AR. through AR.	
<b>Project Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Tax ID # of Ownership Entity:</b>			
<b>Ownership Entity Address:</b>			

**New Allocation:**

No Buildings have been placed in Service: go to page 3, 4 and 5 and complete.

At least one building has been placed in service, but the owner elects to begin credit period in the following year:

Go to page 3, 4 and 5 and complete.

The following building(s) placed in service and are taking credits in the current year: \_\_\_\_\_ The remaining buildings will take credits next year. Please complete the entire form.

**Resyndicated Properties:**

No Buildings have been placed in Service: go to page 3, 4 and 5 and complete.

At least one building has been placed in service, but the owner elects to begin credit period in the following year:

Go to page 3, 4 and 5 and complete.

The following building(s) placed in service and are taking credits in the current year: \_\_\_\_\_

The remaining buildings will take credits next year. Please complete the entire form.

**The Owner hereby certifies that:**

1. The project meets the minimum requirement of (check one) **Verify 8609's with Part II completed is uploaded in MITAS**  
 The 20-50 test under Section 42(g)(1)(A)  
 The 40-60 test under Section 42(g)(1)(B)  
 The Average Income test under Section 42(g)(1)(C)  
 The 15-40 test for "deep rent skewed" projects under 42(g)(4) and 142(d)(4)(B)
2. There has been no change in the applicable fraction as defined in Section 42©(1)(B) for any building in the project.  
 True      False      If "False" attach documentation of the applicable fraction to be reported to the IRS for each building in the project for the certification year.
3. At initial occupancy, the owner has received a Tenant Income Certification from each low-income resident and documentation to support that certification, and if applicable, at annual recertification, the owner has received a Tenant Income Certification and documentation to support that certification.  
 True      False      If "False" attach an explanation and the supporting documentation
4. The owner has received an annual Student Self-Certification for each low-income household.  
 True      False      If "False" attach an explanation and the supporting documentation
5. Each qualified low-income unit is rent restricted under Section 42(g)(2) of the Code. **Upload Rent Schedule(s) for AOC Year**  
 True      False      If "False" attach an explanation and the supporting documentation **Upload UA Schedules for AOC Year**

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations, 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

6. All low-income units in the project are for use by the general public and are used on a non-transient basis, except as otherwise permitted by Section 42 of the Code.  
 True      False      If "False" attach an explanation and the supporting documentation
7. The property is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing Regulations, including accessibility guidelines, filed against the project within the reporting period.  
 True      False      If "False" attach an explanation and the supporting documentation
8. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, and Uniform Physical Condition Standards (UPCS) as defined by HUD, and the state or local government unit responsible for building code inspections did not issue a report of a violation for any building or low-income unit in the project.  
 True      False      If "False" attach an explanation and the supporting documentation, including a copy of the violation Report and any documentation of correction.
9. There have been no changes in the eligible basis under Section 42(d) for any building in the project.  
 True      False      If "False" attach an explanation and the supporting documentation
10. All resident facilities included in the eligible basis of any building in the project are provided on a comparable basis without a separate fee to all residents in the building.  
 True      False      If "False" attach an explanation and the supporting documentation
11. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income.  
 True      False      If "False" attach an explanation and the supporting documentation
12. If the income of a low-income household increase above the limit allowed in Section 42(g)(2)(D), all next available units of comparable or smaller size in that building were rented to an income qualified household.  
 True      False      If "False" attach an explanation and the supporting documentation
13. An extended low-income housing commitment as described in section 42(h)(6) is in effect, 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 of eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, covenants, and representations contained in the Regulatory Agreement (Extended Use Agreement) and the Reservation Contract remain in force.  
 True      False      If "False" attach an explanation and the supporting documentation
14. If the owner received a Credit allocation from the portion of the state ceiling set-aside for a project involving "qualified nonprofit organizations" under Section 42(h)(5) of the code, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h).  
 True      False      N/A      If "False" attach an explanation and the supporting documentation
15. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance.  
 True      False      If "False" attach an explanation and the supporting documentation
16. The Property is in compliance with the Violence Against Women Act requirements and all related implementing regulations providing protections for residents and applicants who are victims of domestic violence, dating violence, sexual assault, and/or stalking.  
 True      False      If "False" attach an explanation and the supporting documentation
17. Pursuant to IRS Revenue Ruling 2004-82, the owner has not evicted any resident, or refused to renew any lease, except for good cause.  
 True      False      If "False" attach an explanation and the supporting documentation

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- 18. The owner continues to comply with all terms it agreed to in its application for Credit authority, including all federal and state-level program requirements and any commitments for which it received points or other preferential treatment in its application.  
 True      False      If "False" attach an explanation and the supporting documentation
  
- 19. The property has not suffered a casualty loss resulting in the current displacement of residents.  
 True      False      If "False" attach an explanation and the supporting documentation outlining the circumstances and date of the casualty loss and date on which the tenant(s) were able to return to their unit(s).
  
- 20. The owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher.  
 True      False      If "False" attach an explanation and supporting documentation
  
- 21. The owner certifies that they have maintained ADFA's tenant data reporting with any changes being updated by the 15<sup>th</sup> of the month following the change. **Upload the current rent roll**  
 True      False      If "False" attach an explanation and supporting documentation

I, \_\_\_\_\_

(Print Name of Owner/Authorized Signer)

The undersigned Owner, being duly sworn, hereby represent and certify under penalty of perjury that the project is otherwise in compliance with the U.S. Tax Code, any Treasury/IRS Regulations, the applicable laws, rules, and regulations. The information contained in this statement and answers to the above questions, including any attachments hereto, are true, correct and complete to the best of my knowledge. I further certify that I have the requisite authority to execute this *Owner's Annual Certification*.  
*(If there has been a change in signing authority please attach a copy of the corporate resolutions or minutes from the partnership meeting, showing the undersigned has the authority to execute these documents for the ownership entity.)*

_____	_____	_____
Printed Name	Title	Owner Entity
_____	_____	
Signature	Date	

**ACKNOWLEDGMENT**

**STATE OF** \_\_\_\_\_ )  
**COUNTY OF** \_\_\_\_\_ )

**On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, a notary public, personally appeared \_\_\_\_\_, and acknowledge that he/she executed the foregoing instrument.**

**Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

**(seal)**

\_\_\_\_\_  
**Notary Public My Commission Expires: \_\_\_\_\_**

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**CURRENT OWNERSHIP AND MANAGEMENT INFORMATION**

<b>CURRENT OWNERSHIP</b>	
<b>Legal Owner Name and Taxpayer EIN:</b>	
<b>Owner Complete Mailing Address:</b>	
<b>Owner Contact Person, including phone number, email address, and fax number:</b>	
<b>Name of General Partner and person responsible for signing documents:</b>	
<b>Status of Partnership (LP, LLC, etc.):</b>	
<b>MANAGEMENT CONTACT INFORMATION</b>	
<b>Management Company Name and EIN:</b>	
<b>Management Company Complete Mailing Address:</b>	
<b>Management Company Contact Person:</b>	
<b>Management Company Contact Person's Phone Number</b>	
<b>Management Company Contact Person's email address:</b>	
<b>Management Company's fax number:</b>	

# Annual Document Upload List

## Due February 1st

Advertisements Completed Jan thru Dec of Certification Year

Audited Financials

Bank Statements for December of Certification Year

Operating Account, Reserve Account and Security Deposit

Budgets for Upcoming Year

Building Certifications for Certification Year-Smoke Alarms, Elevators, etc.

Evictions for previous year

Move Out Reason for previous year

Property Insurance Policy – Current

Property Paid Tax Receipt (example 2022 we should see 2020 paid receipt)

Rent Roll (Mang. with set aside designations)

Rent Schedules – (per bedroom/bath/set aside)

Rent Special Notices for Certification Year

Social Services Provided for Certification Year – (requirements in LURA)

Utility Allowance Verification documents and Chart

Waiting List Jan thru Dec of Certification Year