

NATIONAL HOUSING TRUST FUND PROGRAM

Annual Owner’s Certification of Continuing Program Compliance

TO: ARKANSAS DEVELOPMENT FINANCE AUTHORITY

Certification Dates:	From: January 1,	To: December 31,	
Project Name:			
Project Address:		City:	Zip:
Contact Information:	Phone:	Fax:	
Email:			
Project Owner			
Name of responsible party executing Certification:			
Name of person preparing certification:			

No Buildings have been placed in Service: complete top portion, 3, 4, 5 & 6.

The undersigned, an authorized agent on behalf of the Owner and Project listed above, hereby certifies that:

1. The Project continues to comply with all National Housing Trust Fund (NHTF) regulatory Requirements contained in 24 CFR Part 93.

YES
NO

2. The Owner has (1) received, upon initial occupancy an annual Tenant Income Certification (TIC) from each resident of a NHTF-assisted unit and documentation to support that certification; (2) annually re-certified tenant eligibility for an NHTF-assisted unit by receipt of a new TIC and supporting documentation or by receipt of a tenant self-certification, and; 3) verified each tenant’s income source documents at least once every 6 years

YES
NO

3. Each NHTF-assisted unit in the Project has been rent-restricted under the Regulatory Agreement and under 24 CFR Part 93.

YES
NO

4. No tenants in a NHTF-assisted unit were evicted or had their tenancies terminated other than for good cause and no tenants had an increase in the gross rent with respect to a NHTF-assisted unit not otherwise permitted under 24 CFR Part 93.

YES
NO

5. All NHTF-assisted units in the Project are and have been available for use by the general public and used on a non-transient basis.

YES NO

6. No claim of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for this Project, A claim of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by the Arkansas Fair Housing Commission or a substantially equivalent local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgement from a federal court.

YES NO

7. Each building in the Project is an has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and any applicable government unit responsible for making building code inspections did not issue a report of a violation for any building or NHTF-assisted unit in the Project.

YES NO

If "NO" state nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

8. Has a request for protection under the Violence Against Women Act of 2013 has been made by any Tenant of this Project?

YES NO

If "YES", attach statement regarding resolution under separate cover marked "confidential".

9. All common area and facilities, such as swimming pools, other recreational facilities, parking area, washer/dryer hookups, and appliances were provided on a comparable basis without charge to all tenants in the buildings.

YES NO

10. If a NHTF-assisted 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 to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income.

YES NO

11. If the income of tenants of a NHTF -assisted unit in any building increased above the limit allowed under the NHTF Program, the next available unit was or will be rented to residents having a qualifying income.

YES NO

12. There has been no Project-Based Rental Assistance added to the Project since placed-in-service.

YES NO

13. Has there been a change in the ownership or management of the Project within the year?

YES NO

If "YES", please advise compliance department of the change.

14. Owner has completed all required documentation uploads required annually for the NHTF Program.

YES NO

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" ON Questions 1-13

Question Number	Explanation

Important Note: Failure to complete this form in its entirety will result in non-compliance with program requirements. In ADDITION, *only the responsible party is authorized to execute this form.*

The project is otherwise in compliance with HOME Program and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Name of Owner Entity

By:

Signature of Responsible Party for
Owner Entity

(Printed Name of Responsible Party)

Title:

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: _____

CURRENT OWNERSHIP AND MANAGEMENT INFORMATION

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

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 thur Dec of Certification Year